



# Carbon Christian Academy

2022-2023

## *Re-enrollment Form*

Date: \_\_\_\_\_

Student Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church: \_\_\_\_\_ Regularly Attend:  Yes  No

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Father: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_

<p><i>Office Use Only:</i> Pastor Referral Letter: _____ Registration Fee \$300: _____ Approved: _____ Initials: _____</p>
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