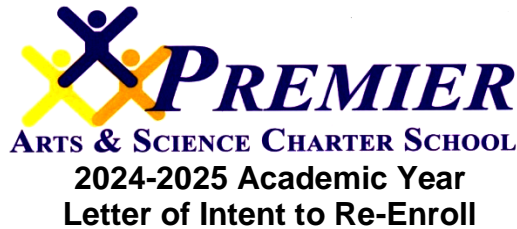


DUE: Friday, April 19, 2024



Student Name: _____ 2024-2025 Grade: _____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Parent/Guardian Information:

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Guardian's Name: _____ Cell Phone: _____

Relationship to Student _____

Please read and initial BOTH of the following policies:

_____ I understand that if we have an outstanding account balance, my student's 2024-2025 school enrollment will **NOT** be finalized, until full payment is made. **(Contact the Main Office to find out if you have an outstanding balance.)**

_____ I understand that re-enrollment is contingent upon my commitment to comply with written and approved school policies - including **uniform policies, attendance policies,** and the **Student Code of Conduct**. If I elect **NOT** to comply with these policies, my student's re-enrollment will need to be approved by the Board of Trustees.

Commitment Statement

I, _____, intend to re-enroll _____ for the
(Parent/Guardian) (Student)
2024-2025 academic year. My signature below and payment of my outstanding balance, if any, by **April 19, 2024**, signifies our commitment to Premier Arts and Science Charter School.

I, _____, **DO NOT** intend to re-enroll _____
(Parent/Guardian) (Student)
for the 2024-2025 academic year. He/ She will be attending _____.

Comments/Reason:

Please provide an updated proof of residency (i.e., Utility Bill less than 30 days) with this form. Your child will not be re-enrolled if this form is not completed with the appropriate documentation attached, by the deadline stated above.

Parent/Guardian Signature: _____ Date: _____