

St. Augustine Mission School

Re Enrollment Application

- My mailing address has not changed.
- My current mailing address is: _____

Driving directions to my home: _____

Current Home Phone: _____ Work Phone _____

Cell Phone: _____

Emergency Contact: _____ Phone _____

2nd Emergency Contact: _____ Phone _____

Student Name	Entering Grade Level	Is Returning	Not Returning	Requesting Initial Application
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have examined and signed the following:

- 1. Re enrollment Application
- 2. Permission slip for local field trips
- 3. Dental Program Participation Form
- 4. Diabetes Participation Form
- 5. Publicity Release Form

I/We fully agree that by re enrolling my/our student(s) that I/We acknowledge responsibility for payment of all fees and charges associated with my/our student(s) attendance at St. Augustine Mission School. I/We further agree that I/We shall be fully involved and engaged in my/our student(s) academic program, which may include, but is not limited to attendance at Parent/Teacher Conferences, ensuring daily assignments and homework are completed and turned in a timely manner, and that my/our student(s) shall be in attendance on a regular and timely basis. I/We agree to support and comply with school policies and authorities, whose primary goals are to ensure the safety, well being, spiritual and academic success of every student who attends St. Augustine Mission School.

Parent/Guardian Signature(s) _____
Date