## CrossRoads Christian Academy Re-Enrollment Form

School Year 20\_\_\_\_ to 20\_\_\_\_

Parent or Guardian Nan	ne(s):
Address:	City/Zip
County:	Phone
Email:	
Student information: N	
(One student per line, do	not fill out separate re-enrollment forms for each student)
	<del></del>
Please read the following t	horoughly
agree with them.  I understand the ree Enrollment fee doe I understand Cross I will keep CrossR addresses.  I understand that I Academy, the adm I understand I am I understand that I during, or after am I understand that I Academy function I understand Cross with the vast majo I understand that p in the CrossRoads names listed without	CrossRoads Christian Academy has the right to dismiss any family at any time for any reason
Parent/Guardian Sign	nature Date

Date

Administrator Signature