



ENROLLMENT FORM
For School Year _____

Parent/Guardian Information:

Name _____

Address _____

Home Phone _____ Alternate Phone _____

Email Address _____

Student(s) Information:

Name: _____ Grade Level _____

Name: _____ Grade Level _____

Name: _____ Grade Level _____

Name: _____ Grade Level _____

It is my intention to enroll the above-named student(s) at Regional Christian School for the _____ school year. Please find attached the \$100.00 per student enrollment fee. I understand that curriculum fees will not be due until June 10.

Parent/Guardian signature _____

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Matthew Gilman, Administrator