

Re-Enrollment Application

Academic Year 2024/25



**KEYSTONE
ACADEMY**
A Private Christian School

Factory Prep Campus

Student Information

Last name: _____
First & middle name: _____
Street address: _____
City, ST Zip: _____
Phone:(Cell): _____ (Home): _____
Receive Texts? _____

Please complete the above with current information and email to admin@keystoneacademyschool.com. Submit payment to Factory Prep.

Re-enrolling for Grade level: _____

Email Address _____

Enrollment Request and Agreement

I/We request enrollment of the student named above in the Private Satellite Program of Keystone Academy, Factory Prep Campus, I/We have read and agree to abide by the policies and procedures of Keystone Academy. By typing your name here as you would sign it , you are acknowledging and agreeing to the terms listed above.

Signature of Father, Step-father , Guardian (circle one) _____ Date _____

Signature of Mother, Stepmother, Guardian (circle one) _____ Date _____

Keystone requires the signature of each parent to complete this form.

Please list on separate sheet to note any changes in family status (marital, address, employment, emergency, etc.)

For Office Use Only

Check amount _____ Check Number _____ Check Date _____ Balance Due _____

Computer Entry _____ Pay Pal _____

Form #1005 4/15