

Re-Enrollment Application

Academic Year 2026/27

K-6 Class Code: ar6hdf7
7th - 8th Class Code: xv6x4faj
High School Class Code: y3moq4kl



KEYSTONE
A C A D E M Y
A Private Christian School

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 pay re-enrollment fees. (New students in returning families must complete a yellow enrollment form under new student form tab).

Re-enrolling for Grade level: _____ Regular _____ Distance _____

Traditional Schedule: Sept—June
Year Round Schedule: July—June
(must be completed by June 19th)

Re-Enrollment Fees (per student):

Until June 20 \$20.00
After June 20 \$30.00
After August 31 \$40.00

Student's Gmail Address: _____

Parent Email Address: _____ HSLDA number _____ Exp. Date _____

Enrollment Request and Agreement

I/We request enrollment of the student named above in the Private Satellite Program of Keystone Academy. 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.

Payment Method

Paypal Zelle Venmo Keystone dollars Check Check Amount _____
(Please attach proof of digital payment) Amount _____ Check Number _____ Check Date _____

Form Modified #1005 6/25