EDEN GROVE
ACADEMY

Ph: 513-542-0643 Fax: 513-681-3450

Student Re-enrollment Form

Please complete and return this form to the school office by Friday, February 10, 2012.

Student Name: _____ Current Grade:_____
First Last

Address: _____

City: _____ State:_____ Zip:_____

Home Phone: (_____)_____ Parent E-mail: _____

Father/Guardian Name: _____ Cell Phone: _____

Mother/Guardian Name: _____ Cell Phone: _____

☐ My child will attend Eden Grove Academy for the 2012-2013 academic year.

☐ My child will not attend Eden Grove Academy for the 2012-2013 academic year.

Eden Grove Academy will begin enrolling new students in February. To ensure that your child is given priority enrollment this form must be submitted to the school office by February 10, 2012.

Parent/Guardian Signature: _____

Date: _____