



STUDENT RE-ENROLLMENT CHECKLIST

Student Name: _____ Grade: _____

Rec'd	Name of Form	Notes
General		
<input type="checkbox"/>	Parent Commitment	
<input type="checkbox"/>	T-shirt Form	
Ed-Choice		
<input type="checkbox"/>	Ed-Choice Renewal Application	
<input type="checkbox"/>	Current Utility Bill (Proof of Address)	
Medical		
<input type="checkbox"/>	Continuing Consent To Treatment	
<input type="checkbox"/>	Physical Exam	
<input type="checkbox"/>	Immunization Report	
<input type="checkbox"/>	Oral Exam	
<input type="checkbox"/>	Medication Form (if needed)	
Financial		
<input type="checkbox"/>	FACTS (if not applying for Ed-Choice)	
<input type="checkbox"/>	Registration Fee	
Comments		

Completed By: _____

Signature: _____ Date: _____