

RUSSIAN4CHILDREN ©

Mailing address: 14500 Dallas Parkway # 2134, Dallas TX 75254

Physical address: 611 East Bethany Drive, Allen TX 75002

**RE-ENROLLMENT APPLICATION**

20\_ \_ -20\_ \_School Year

**Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please update this information:*

**Child’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Cell phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Cell phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Person(s) authorized to pick up the child after school (please include phone numbers)

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**Tuition Increase**: □ I expect that tuition to increase annually by no more than 10%.

**Enrollment Fee Payment**

 Please consider my child for re-enrollment to Russian4Children School for 2018-2019 school year. I understand there is a **$45.00** non-refundable re-enrollment fee due by **May 31, 2018**.

 My child **will attend** the summer session in June.

**Withdrawal:** Should it become necessary to withdraw my child from the school for any reason, I will give a 30 days written notice of my intent to withdraw. In lieu of the 30 days notice, I agree to pay next monthly installment when it is due.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Signature

For Russian4Children use only:

Fall Re-enrollment fee received Yes No

Date \_\_\_\_\_\_\_\_\_\_

Amount received $\_\_\_\_\_\_\_\_\_

Paid by: \_\_\_\_\_\_\_\_\_\_ check cash

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Signature, Name (First, Last)