



Village Schoolhouse Academy

Intention to Re-enroll

Submit this application, along with the contract and fees, to re-enroll your student. Please update any contact information, and consider the questions below.

Student Name: _____ Birthdate: _____ Age: _____

Address: _____

Important family contact #'s: _____

Emergency Contact: _____ Phone: _____

Relationship to Your Child? _____

What are the most significant factors which affected your decision to remain at the Academy?

What are your hopes for your child's experience in the coming year at VSH Academy?

Parent Signature _____ Date: _____

The Village Schoolhouse Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies and admissions policies.

Reg. Fee _____ Curr/Book Deposit _____