



New Life Christian Academy

5517 Griswold Road
Kimball, MI 48074
810-367-3770 810-367-2249 Fax

Re-Enrollment Form for Returning Students

Family Name _____ Date _____

Address _____ City, Zip _____

Home Phone _____

Father's Name _____

Place of Employment _____ Work Phone _____

Address _____ City, Zip _____

Cell Phone _____ Email _____

Mother's Name _____

Place of Employment _____ Work Phone _____

Address _____ City, Zip _____

Cell Phone _____ Email _____

Child(ren) To Be Enrolled

Full Name	Birthdate	* Tshirt Size	Grade Entering
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*This is for BACK TO SCHOOL activities.

Enrollment Fee: Please see attached Financial Policies

FOR OFFICE USE ONLY			
Paid _____	Date _____	Initials _____	Entered _____

CHURCH ATTENDANCE AND INVOLVEMENT: One of the requirements for admission to New Life Christian Academy is the family's active, ongoing participation in a Bible-believing church.

Home Church _____

Regular attenders ___ Yes ___ No

Actively involved ___ Yes ___ No

Pastor's Signature _____ **Date** _____

(revised 2022)