



241-C INTENT TO RE-ENROLL FORM

**DUE DATE: FRIDAY, FEBRUARY 18, 2022**

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**IMPORTANT:** How would you like us to contact you? *Please make sure that the information is filled out above.*

Home Phone     Cell Phone     Text Message     Email

**Yes**, please re-enroll the student with Summit Academy Schools for the 2022-2023 school year.

**No**, the student will not return to Summit Academy Schools for the 2022-2023 school year. Please state the reason for not returning.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Student grade level for 2021-2022: \_\_\_\_\_

Student will remain in current IRN for the 2022-2023 school year.

Student may enroll in new IRN for 2022-2023 school year.

New IRN: \_\_\_\_\_ School Name: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Name Printed: \_\_\_\_\_