



**P.O. Box 1660  
St. John, V.I. 00831  
340-693-7722/340-693-0162 (Fax)**

**Student Re-Enrollment Form 2017-2018 School Year**

Child's Name \_\_\_\_\_

Currently in Grade: \_\_\_\_\_

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Please put a check by your decision for the next year.

\_\_\_ Yes!!! I do wish to re-enroll my child in St. John Christian Academy for the 2017-2018 school year.

X \_\_\_\_\_

Parent's Signature

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\_\_\_ No!!! I do not wish to re-enroll my child in St. John Christian Academy for the 2017-2018 school year.

X \_\_\_\_\_

Parent's Signature

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Relative/Friend Pre-Registration Information

Parent's Name \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Child's Name \_\_\_\_\_ 2017-18 Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ 2017-18 Grade \_\_\_\_\_

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**IMPORTANT:** This form must be returned to school on May 21<sup>st</sup>, 2018 to hold a spot in the class for your child. Thank you for giving us the opportunity to be a part of your child's education.

St. John Christian Academy P.O. Box 1660 St. John, VI 00831  
Email: [stjohnca@gmail.com](mailto:stjohnca@gmail.com) phone: 340-693-7722 fax: 340-693-0162