

Cap-Haitien Christian School

Morne Rouge, Haiti Unit 1162 CAPCM 3170 Airman's Drive Fort Pierce, FL 34946

Re-Enrollment Application					
Today's Date	Grade Applying		School Year 2024-25		
Student Informati	ion				
Child's Name (Last)		(First)	(Middle)		
Child's Age	Birthday (m/d/y):		🗌 Male	Female	
Parent Informatio	on				
Mother Name:	Father Name:				
Legal Guardian:					
With whom does the	e child live?	□ Both parents □ Legal Guardia		🗌 Dad	
*If the student is livir	ng with a gua	rdian, proof of lega	al guardiansh	ip is required.	
Have any of your w changed since the			ohone, workp □ Ye		
If yes, please explai	n:				



Medical Information

Does your child have any	new health	issues and/or new medications?
	🗆 No	

If yes, please explain:

Please list all allergies: _____

Release of Liability

I give permission for my child to participate in all aspects of school (physical and sedentary) activities. I release and hold harmless the staff of Cap-Haitien Christian School from any liability for any injury or death arising from participation in any school activities.

I also acknowledge that because of my child's presence at school my child may be photographed or videoed for marketing at the school and that my child's picture or video could appear on the school website, Instagram, Facebook, or other promotional materials about the school.

Mother Signature:	Date:
Father Signature:	Date:
Legal Guardian Signature:	Date:

WITHDRAWING

If you are withdrawing your child for the 2024-25 school year, please let the office know so that they can give you a "Withdraw Form." This will allow us to give you transcripts for your new school.

Please note that all fees/tuition must be paid in full to receive any official documentation from administration. Thank you!