



Office Use Only	
Date Received	Receipt No.

## Re-Enrollment Form 2023-2024

Dear Parent/Guardian

This form indicates your intention to re-enroll your child at EIA for the 2023-2024 academic year. One form needs to be completed for each family. Please note: a \$250 deposit per child – up to \$500 per family – is required to secure your child's place at EIA for next school year. \*All re-enrollment deposits will go towards a student's first term fees next school year and are non-refundable. Please return this form to the office by **March 24th 2023**. If you do not return this form by **March 24th 2023** (with the required deposit and documents), we will assume that your child will not return to EIA for the 2023-2024 academic year.

### PARENT OR GUARDIAN INFORMATION

Father	First Name	Middle Name	Last Name
	Mailing Address		City Province Postal Code
	Home Telephone	Mobile Telephone	Work Telephone (Extension)
	Email Address	Profession <input type="checkbox"/> Business Owner	
	Employer/Name of your Business		

Mother	First Name	Middle Name	Last Name
	Mailing Address		City Province Postal Code
	Home Telephone	Mobile Telephone	Work Telephone (Extension)
	Email Address	Profession <input type="checkbox"/> Business Owner	
	Employer/Name of your Business		

### RE-ENROLLMENT INFORMATION COMPLETE PRESCHOOL & KG DETAILS ON PAGE 2. DO NOT INCLUDE THEM IN THE BELOW BOXES

Child #1	First Name	Middle Name	Last Name	Current Grade
	<input type="checkbox"/> Returning to EIA <input type="checkbox"/> Transferring to Another School Name: _____ <input type="checkbox"/> Transferring Out of Province/Country			
Child #2	First Name	Middle Name	Last Name	Current Grade
	<input type="checkbox"/> Returning to EIA <input type="checkbox"/> Transferring to Another School Name: _____ <input type="checkbox"/> Transferring Out of Province/Country			
Child #3	First Name	Middle Name	Last Name	Current Grade
	<input type="checkbox"/> Returning to EIA <input type="checkbox"/> Transferring to Another School Name: _____ <input type="checkbox"/> Transferring Out of Province/Country			
Child #4	First Name	Middle Name	Last Name	Current Grade
	<input type="checkbox"/> Returning to EIA <input type="checkbox"/> Transferring to Another School Name: _____ <input type="checkbox"/> Transferring Out of Province/Country			
Child #5	First Name	Middle Name	Last Name	Current Grade
	<input type="checkbox"/> Returning to EIA <input type="checkbox"/> Transferring to Another School Name: _____ <input type="checkbox"/> Transferring Out of Province/Country			

If any children are leaving EIA, please indicate the reason: \_\_\_\_\_

\*Please note: EIA has the right to refuse any student's application for re-enrollment. \*\* Parent/School Contract must be signed and submitted together with this application.



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## PRESCHOOL & KINDERGARTEN Re-Enrollment Form 2023-2024

Child #1	First Name	Middle Name	Last Name	Current Grade
	<b>Preschool: Preferred Program SELECT ONLY ONE)</b> <input type="checkbox"/> AM <input type="checkbox"/> PM		<b>Kindergarten: Preferred Program</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	

  

Child #2	First Name	Middle Name	Last Name	Current Grade
	<b>Preschool: Preferred Program SELECT ONLY ONE)</b> <input type="checkbox"/> AM <input type="checkbox"/> PM		<b>Kindergarten: Preferred Program</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	

If your child will be

*\*Please note: EIA has the right to refuse any student's application for re-enrollment. \*\* Parent/School Contract must be signed and submitted together with this application.*

PLEASE COMPLETE REVERSE SIDE

**CREDIT CARD DETAILS ARE ONLY REQUIRED IF YOU ARE SUBMITTING YOUR FORM VIA EMAIL**

**CREDIT CARD DETAILS:**

Credit Card Number	CVV
Expiry Date:	___ / ___ Payment Amount: ___ . ___
Name on Card:	

Date: \_\_\_\_\_