



**Re-Enrollment Form**

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

Grade entering: \_\_\_\_\_  
(2008-2009)

Student \_\_\_\_\_

Parent Name \_\_\_\_\_

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

\_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Church attending: \_\_\_\_\_

I understand and agree to enroll my child in Galesburg Christian School for the 2008-2009 school year. I will also receive benefits and discounts by GCS for early enrollment based upon my date of re-enrollment. However, if I should elect to remove my child after re-enrollment and before the start of the school year, I agree the enrollment fee is non refundable and first month's tuition is due to GCS. (second month as well if on a 12 month payment plan).

I also re-affirm my agreement to Galesburg Christian School that I made upon my original enrollment.

Payment method (choose one):

- 12 monthly payments by cash or check.
- 12 monthly payments automatically debited from my checking account (attach voided check to this form)
- 12 monthly payments automatically debited from my savings account (Attach documentation)
- 12 monthly payments charged to my credit card.
- Account number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Reference number \_\_\_\_\_
- 10 monthly payments by cash or check.
- 10 monthly payments automatically debited from my checking account (attach voided check to this form)
- 10 monthly payments automatically debited from my savings account (Attach documentation)
- 10 monthly payments charged to my credit card.
- Account number \_\_\_\_\_ Expiration date: \_\_\_\_\_ Reference number \_\_\_\_\_
- Tuition in full

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- Please roll my enrollment fee and tuition into my monthly payments.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

1881 East Fremont Street, Galesburg, IL. 61401 Phone: (309) 343-8008 Fax: (309) 343-8006

Website: [www.galesburgchristian.com](http://www.galesburgchristian.com)

