



2700 N. Palm Avenue, Cooper City, FL 33026
954.404.7706 www.FCBCroward.com

Re-enrollment Form

Yes I wish to re-enroll my child(ren) at First Baptist Academy.

No I do not wish to re-enroll my child(ren) at First Baptist Academy. Please write a brief explanation of why you are not re-enrolling: _____

Sign: _____ Date: _____

Please return the completed Re-enrollment Form with the Re-enrollment fee (if applicable) of \$100 per student to the school office by the last day of school at FBA.

Student's Legal Name (Last) (First) (Middle) (Preferred Name) (Grade Entering)

Student's Legal Name (Last) (First) (Middle) (Preferred Name) (Grade Entering)

Student's Legal Name (Last) (First) (Middle) (Preferred Name) (Grade Entering)

Student's Legal Name (Last) (First) (Middle) (Preferred Name) (Grade Entering)

Street Address City State Zip

Father's Cell#: _____ Mother's Cell#: _____

Father's Email: _____ Mother's Email: _____

Please list the best email for us to contact you with general school information:

Email: _____

Emergency Contact Name & Phone #: _____

Has the student been awarded a Step-Up or McKay scholarship? _____ Which one? _____

Will the student be interested in playing any of the following sports?

Volleyball Football Basketball Soccer (3-8th Grade) Cheerleading (3-8th Grade)

Office Use Only

Re-enrollment Fee Paid: _____

(before 5/26: \$100.00 per child; after 5/26: \$150.00 per child)

- Step-Up
- McKay
- Family
- Other