



Office Use Only

Date Received	Receipt No.
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Re-Enrollment Form 2024-2025

Dear Parent/Guardian

This form indicates your intention to re-enroll your child at EIA for the 2024-2025 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 28th 2024**. If you do not return this form by **March 28th 2024** (with the required deposit and documents), we will assume that your child will not return to EIA for the 2024-2025 academic year.

GRADE 1 – GRADE 12

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

PRESCHOOL & KINDERGARTEN

Child # 1	First Name	Middle Name	Last Name	Current Grade
	Preschool: Preferred Program SELECT ONLY ONE <input type="checkbox"/> AM <input type="checkbox"/> PM		Kindergarten: Preferred Program <input type="checkbox"/> AM <input type="checkbox"/> PM	
Child # 2	First Name	Middle Name	Last Name	Current Grade
	Preschool: Preferred Program SELECT ONLY ONE <input type="checkbox"/> AM <input type="checkbox"/> PM		Kindergarten: Preferred Program <input type="checkbox"/> AM <input type="checkbox"/> PM	

I pledge to support the New School Project in any or all of the following manners:

1. Good Loan
2. Donation
3. Promote the project to at least 10 people

Signature: _____

**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*

PARENTS/GAURDIAN 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				

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: _____

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