School Address:
4450 S Mendenhall Rd
Memphis, TN 38141

Tel: (901) 367 7814
Fax: (901) 367 7816
www.sememphis.org

MEMPHIS SCHOOL OF EXCELLENCE

STUDENT RE-ENROLLMENT FORM

Date Received:_____
(Official use only)

Dear parents, guardians, and students,
Thank you for your support in Memphis School of Excellence. Due to limited space for the upcoming year, we ask each parent/guardian to fill out this form completely. This form is designed for currently enrolled students to update their information and determine whether they are returning for the 2017-2018 academic year. The closing date for this form is **Thursday February 16, 2017 at 4:00pm.** Forms received unsigned, incomplete, or after the closing date will affect enrollment status for the next year. Please print clearly.

Student's Name:	**Grade in 2016-17:** _
Student's Name:	**Grade in 2016-17:** _
Student's Name:	**Grade in 2016-17:** _

My Child(ren) will attend ☐ Memphis School of Excellence (in 2017-2018) Initial: _____
☐ Another School (in 2017-2018) Initial: _____

CONTACT INFORMATION UPDATE

Permanent Address: _____
Street *City* *State* *Zip*

Parent/Guardian			
Name:		Name:	
Relationship:		Relationship:	
Phone Numbers		*Phone Numbers*	
Home:	Work:	Home:	Work:
Cell:	Other:	Cell:	Other:
email:		***email:***	

I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the forgoing questions and statements made by me in this application are complete and accurate. I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this form or future dismissal of the student.

_____ _____ _____
Name of Parent or Guardian Signature Date