



2017/2018 RE-ENROLMENT FORM

The Board would appreciate your completing this form to assist them in planning for next year. A new budget is being set, but, aside from figures, a great deal hinges on individual families' decisions. It is in the best interests for all that the budget is as accurate as possible and that will occur only if you complete this form promptly.

This form should reflect your plans at this stage. We have attempted to indicate as many categories as might be relevant so please check off the appropriate one. This will assist us in considering changes that will result in an improved school for everyone. If the form is not returned by the deadline, please expect to be contacted as we truly need a response from everyone.

Please complete & return to office by Tuesday, Jan. 31, 2017

FAMILY NAME: _____
Last Name Parent/Guardian First Names

Our Children who already attend MCA:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Will return to MCA.

Will not return to MCA. (Please indicate reason for the decision)

Uncertain at this time.

Please indicate recommendations you feel would benefit the program at MCA. Your input is appreciated.

NEW ENROLMENTS FROM YOUR FAMILY (FIRST TIME STUDENTS ONLY)

Full Name: _____ Grade for 2017-2018: _____

Full Name: _____ Grade for 2017-2018: _____

Please fill out our Existing Family - New Student Application Form to officially enroll. These forms are available at the office or via email upon request.

COMPLETED BY: _____ DATE: _____