



Date/Time Rec'd: _____
 By: _____

James Madison Preparatory School
 5815 S. McClintock Drive, Tempe, AZ 85283
 Office 480-345-2306 Fax 480-345-0059
 Email madisonprep@madisonprep.org
 Website www.madisonprep.org

Re-Enrollment Form School Year 2021-2022

Please complete all sections of this RE-ENROLLMENT form.

Please see the school's enrollment policy and procedures for a complete description of the enrollment process.

All sections of the Re-Enrollment Form must be completed, and this form must be signed to be valid.

Student/Family Re-Enrollment Information

Student's Name: _____ Date of Birth: _____

Gender: Male Female Re-enrolling in grade: 6 7 8 9 10 11 12

Active Military Parents ONLY: Student's MSI Number _____ Service Branch _____

Student's Home Address: _____
street apt # city state ZIP

IF THIS IS A NEW ADDRESS OR THE STUDENT HAS MOVED PLEASE PROVIDE PROOF OF RESIDENCY

Parent/Guardian Name _____ Parent/Guardian's Cell #: _____

Daytime Phone # _____ Preferred Email Address _____

Parent/Guardian Address: _____
(if different from student) street apt # city state ZIP

Parent/Guardian Name _____ Parent/Guardian's Cell #: _____

Daytime Phone # _____ Preferred Email Address _____

Parent/Guardian Address: _____
(if different from student) street apt # city state ZIP

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Student Signature (if over 18 years of age) _____ Date _____