



RE-ENROLLMENT FORM 2010-2011

Name of Student: _____ Nick Name: _____

Father's Name: _____ Mother's Name: _____

Mailing Address: _____ Check if there has been a change of address in the past academic year.

City: _____ Zip Code: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone 1: (____) _____ Cell Phone 2: (____) _____

Anticipated grade placement for next school year: _____

Student must be 4-years old by Sept. 1st to enter Pre-K, 5- years old by Sept. 1st to enter K, and 6-years old by Sept. 1st to enter 1st grade.

Please list the reasons you desire to continue partnering with the Community School.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

** Current BCCS Families - submit a student application with a registration fee for each child, to the following address: BCCS, P.O. Box 1607, Seffner, FL 33583. Contact Number: 813.685.BCCS (2227)*

The Brandon Christian Community School admits students of any race, color, national, ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarships and loan programs, and athletic and other school administered programs.