

## ENROLLMENT / RE-ENROLLMENT FORM

AFTER SCHOOL ACADEMIC YEAR: \_\_\_\_\_

Date \_\_\_\_\_

*Instructions: Please fill in this form using one line per student for each activity in which you would like your child to participate in. Once completed, please print out the form, sign it and send it by scan to: [after.school@itjqro.edu.mx](mailto:after.school@itjqro.edu.mx)*

Full Student's Name	Grade/Group	Activity	Days

***By signing this form we confirm we have read and understood the contents of the Academic Services Agreement, which details the policies that apply in relation to cancellations and reimbursements.***

\_\_\_\_\_

Full Name of Parent

\_\_\_\_\_

Parent's Signature

**To be completed by After School Section:**

Folio number of this application:

\_\_\_\_\_

Entered in Drive on date:

\_\_\_\_\_

Entered in Drive by:

\_\_\_\_\_