



## Student Re-Enrollment Form

**School Year: 2024/2025**

# **Skeels Christian School**

HOME OF THE EAGLES

PO Box 509  
Gladwin, MI 48624  
[office@skeelschristianschool.com](mailto:office@skeelschristianschool.com)

## Family Information

**Family Name** \_\_\_\_\_

## Re-Enrolling Students

Any changes to information:

Legal name, address, phone number, emergency contacts, pick up members, healthcare or insurance (please provide a photocopy)

**In signing this application, I am continuing to agree to be held liable for all tuition and fees while enrolled.**

Tuition costs are established by the SCS Board of Education. It is the intent of the Board that tuition will remain the same throughout the academic year and will not be impacted by school closures caused by natural disasters, illness, building damage, weather conditions, or other unforeseeable factors.

Responsible Party: Printed Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Making Disciples...Making A Difference