

**FILE NAME** \_\_\_\_\_  
*Last name of custodial parent*

**2024-2025**  
**California Christian Academy, PSP**  
**RE-ENROLLMENT Page 2**

CONTACT CELL: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

REQUIRED ITEM		
<b>RE-ENROLLMENT BY 7.31.24</b>	<b>195.00</b>	
<b>RE-ENROLLMENT 8.1.2024 OR LATER</b>	<b>265.00</b>	
OPTIONAL ITEMS WANTED		
WHICH STUDENT OR FACULTY MEMBERS	ITEM	
Name on card: Name on card: Name on card: Name on card:	FACULTY OR STUDENT ID CARD #_____ x \$10.00	
Student Name/Grade: Student Name/Grade: Student Name/Grade:	GRADE TRACKING: K-6TH REPORT CARD (PARENT FILLS IN) #____ X 10.00	
Student Name/Grade: Student Name/Grade: Student Name/Grade:	GRADE TRACKING: QUARTERLY PROGRESS REPORT #____ X 80.00	
Student Name/Grade: Student Name/Grade: Student Name/Grade:	GRADE TRACKING: END-OF-YEAR TRANSCRIPT #____ X \$65.00	
Name on Diploma:	DIPLOMA: KINDERGARTEN #____ X 11.00 (no folder, includes shipping)	
Name on Diploma:	DIPLOMA: 8TH GRADE DIPLOMA (with folder, includes shipping) #____ X 37.00	
Name on Diploma:	DIPLOMA: 12TH GRADE DIPLOMA (with folder, includes shipping) #____ X \$37.00	
<b>PLEASE ADD UP OPTIONAL SERVICES REQUESTED HERE →</b>		<b>TOTAL REG FEE &amp; OPTIONAL SERVICES HERE →</b>