

Academy for Business & Technology Elementary School
5277 Calhoun
Dearborn, MI
313-581-2223

TEACHER _____

RE-ENROLLMENT FORM

It's time to reserve your child's space for next fall, the **2011-12** school year. Please return this form to your child's teacher. If not returned, your child could lose his/her space for next year.

PLEASE DO NOT INCLUDE NEW STUDENTS ON THIS FORM: PLEASE USE THE NEW STUDENT ENROLLMENT PACKET (AVAILABLE IN THE SCHOOL OFFICE).

Current Grade Level
(please circle)

Child's Name

K 1 2 3 4 5

_____ will attend _____ Will not attend ABT Elementary School next year.

Parent's Name *(please print)*

Signature of Parent or Guardian

Date