



**Linda Vista Adventist Elementary School**  
 "Where children grow closer to God while learning to master the world"

**Returning Student Re-Enrollment Form**  
**2026 - 2027**

STUDENT/PARENT (GUARDIAN) INFORMATION		
Student's Name (First Middle Last)		
Home Address:	Same: ____ Changed: ____	New Address:
Mother's Cell Phone	Same: ____ Changed: ____	Mother's New Cell Phone:
Father's Cell Phone	Same: ____ Changed: ____	Father's New Cell Phone:
Mother's Email	Same: ____ Changed: ____	Mother's New Email:
Father's Email	Same: ____ Changed: ____	Father's New Email:
Church Affiliation (If changed)	Student Baptized? ____ Yes ____ No Date of Baptism?	Church where membership is held

X \_\_\_\_\_  
 Father's/Guardian's Signature

X \_\_\_\_\_  
 Mother's/Guardian's Signature