



Bridge Gate  
Elementary  
School

# 2024-2025 **Re-Enrollment**

## Student Information

Last Name:	First Name:	Middle:
Student Date of Birth:	2024-2025 Grade:	

## Parent / Guardian Information

First Name:	Last Name:	
Street Address:		
City:	State:	Zip Code:
Cell Phone:	Home Phone:	Other:
Employer:	Work Phone:	E-mail:
Relationship to the student:		

First Name:	Last Name:	
Street Address:		
City:	State:	Zip Code:
Cell Phone:	Home Phone:	Other:
Employer:	Work Phone:	E-mail:
Relationship to the student:		

**Returning Student?** (check one)

**Yes:**

**No:**

If no, reason why:

## Parent / Guardian Signatures

Signature of parent / guardian:	Date:
Signature of parent / guardian:	Date: