

The New School

RE-ENROLLMENT REQUEST FORM

Please return this form, fully completed, to the Admissions Clerk, THE NEW SCHOOL, 812 Elkton Road, PO Box 947, Newark, DE 19715-0947. Upon receipt, the necessary registration materials will be sent to the address which you indicate below.

STUDENT DECLARATION OF INTENT

I have considered the educational program of THE NEW SCHOOL and have decided that I

will will not be re-enrolling as a student of THE NEW SCHOOL.

DATE _____ SIGNED _____
student signature

PARENT/GUARDIAN DECLARATION OF INTENT

Our child, _____, will will not be re-enrolling as a student at THE NEW SCHOOL for the 20____-20____ school year. If the student is admitted by the school, we understand that the tuition is due together with the completed registration forms unless other arrangements are made, and that the school will inform us when the student may begin to attend.

DATE _____ SIGNED _____
Mother or Female Guardian

SIGNED _____
Father or Male Guardian

MAILING ADDRESS

NAME _____

STREET _____

CITY/STATE _____

ZIP CODE _____

THE NEW SCHOOL, 812 Elkton Road, PO Box 947, Newark, DE 19715

TEL: 302-456-9838 Email: info@TheNewSchool.com