



RE-ENROLLMENT FORM 2017-2018



Re-Enrollment Fee
If received by April 30, 2017: \$550
If received after April 30, 2017: \$700

Student Information

Name _____

Home Address _____

E-mail _____

Home phone number _____

Cell phone number _____

Grade entering _____

Parent/Guardian Information

Parent/Guardian 1

Name _____

Home address _____

Mailing address (check if same as above) _____

Home phone number _____

Cell phone number _____

Work phone number _____

E-mail _____

Parent/Guardian 2

Name _____

Address _____

Mailing address (check if same as above) _____

Home phone number _____

Cell phone number _____

Work phone number _____

E-mail _____

Submit form to: b.leichtberg@hhne.org or mail to 300 Bloomfield Ave., West Hartford, CT 06117

Visit www.hhne.org to make your payment online