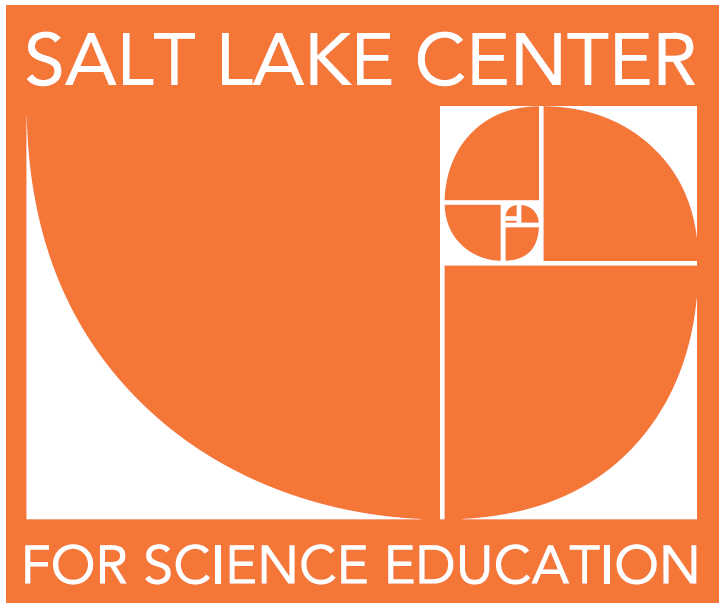
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**Salt Lake Center for Science Education**

**1400 West Goodwin Avenue**

**Salt Lake City, Utah 84116-1629**

**Phone: 801-578-8226**

**Fax: 801-578-8677**

Intent to Re-Enroll

We need your help. Many new students have applied for next school year and we would like to let them know as soon as possible if they can be admitted. Please let us know if you are planning on having your student return to SLCSE next school year.

Current Grade:

Student Name: ­­­­­­

I intend on returning to the Salt Lake Center for Science Education for the 2016/2017 school year.

I DO NOT intend on returning to the Salt Lake Center for Science Education for the 2016/2017 school year. I understand my space will be filled by one of the new applicants. My student will attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (school) for the 2016/2017 school year.

Please return this form, email, or call us as soon as possible. We would like to get all the forms back by **February 16, 2016**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Print) Parent/Guardian Signature

*Though we strongly believe that there is no better educational choice than SLCSE we are happy to talk to you about the options available to your student. Please contact the office if you have any questions.*