



Partners in Education

2020-2021 School Year

Re-Enrollment Application

Please fax or e-mail the completed application and signed Terms & Conditions form to 717-626-0499 or schoolrewards@skh.com. Any questions please e-mail schoolrewards@skh.com or call 717-626-4771 x 7212.

Name of School _____

School Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

School Address _____

Primary Contact Person _____

Name _____

Title _____

Contact Mailing Address _____

Contact E-mail Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Please read, and initial and follow the instructions below:

• _____ I have attached and signed the Terms & Conditions. Please note this is required for program consideration & participation.



Rohrerstown
301 Rohrerstown Rd.
717-397-4719

Lititz
1050 Lititz Pike
717-627-7654

