

SMSD eSCHOOL ENROLLMENT

www.smsd.org/academics/eSchool



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|---|
| For Counselor Use Only MV MG EL SV Counselor Signature: _____ |
|---|

Date _____

Student Name _____

Last

First

SMSD Student ID# _____

School **Now** Attending _____ Current Grade _____ Birthdate _____ Gender: M _____ F _____

School Attending **Next Year** _____

PAYMENT IS REQUIRED AT TIME OF ENROLLMENT. PAYMENT NOT RECEIVED WITHIN 24 HOURS WILL REMOVE STUDENT FROM COURSE.

| Semester | Year | Course # | Name of Course |
|----------|------|----------|----------------|
| | | | |
| | | | |

| OFFICE USE ONLY | | | | |
|-----------------|-----------------|--------------------------|-------------|------|
| Course Fee | Amount Received | Payment Type Auth./Ck. # | Received By | Date |
| | | | | |
| | | | | |

Parent/Guardian 1 Name _____

Parent/Guardian 2 Name _____

Address _____

City/State _____ Zip _____

Email Address _____

Primary Phone (____) _____

Secondary Phone (____) _____

Supplemental tuition _____ Auth./
Paid by other than parent \$ _____ Check # _____

Source of payment _____

Address _____

City/State _____ Zip _____

NO REFUNDS AFTER CLASS BEGINS. 20% cancellation fee if student withdraws from class for any reason prior to beginning of class.