

SMSD eSCHOOL ENROLLMENT
www.smsd.org/academics/eSchool



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

Date _____

Student Name _____

Last

First

SMSD Student ID# _____

School **Now** _____

Current

Attending _____

Grade

Birthdate _____

Gender: M _____ F _____

PAYMENT IS REQUIRED AT TIME OF ENROLLMENT. PAYMENT NOT RECEIVED WITHIN 48 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 _____
<i>NO REFUNDS AFTER CLASS BEGINS. 20% cancellation fee if student withdraws from class for any reason <u>prior</u> to beginning of class.</i>	