SMSD ACADEMY ENROLLMENT

Date_____ www.smsd.org/academics/summer-programs/summer-academy

For Counselor Use Only			
MV	MG	EL	SV

Counselor Signature: _____

Student Name_____
Last First

SMSD Student ID#_____

School ***Now*** Attending_____ Current Grade_____ Birthdate_____ Gender: M_____ F_____

PAYMENT IS REQUIRED AT TIME OF ENROLLMENT. PAYMENT NOT RECEIVED WITHIN 48 HOURS WILL REMOVE STUDENT FROM COURSE.

				OFFICE USE ONLY				
Semester	**Year**	**Course #**	**Name of Course**	**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 Paid by other than parent $_____ Auth./ 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.