

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.

					OFFICE USE ONLY				
<u>Semester</u>	<u>Year</u>	<u>Course #</u>	<u>Name of Course</u>		<u>Course Fee</u>	<u>Amount Received</u>	<u>Payment Type Auth./Ck. #</u>	<u>Received By</u>	<u>Date</u>

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 _____
<p align="center"><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></p>	

PLEASE SUBMIT THIS FORM TO YOUR STUDENT'S COUNSELOR