SMSD SUMMER SCHOOL ENROLLMENT FORM

Please select ☐ E-SCHOOL ☐ ACADEMY

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

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

Date_____

Student Name_____ SMSD Student ID# _____

Last First

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/ Session	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.