

Date: _____

School Year: _____

SLMCS Registration Form

Please print out this form, fill in all the required information, and bring it to one of the registration sessions with a check payable to **SLMCS**. Thank You.

New Student _____ Existing Student _____ For existing students, please provide Family ID: _____

Parent/Guardian (Student under age 18 must provide this information):

First Name _____ Last Name _____ First Name _____ Last Name _____

Gender __M__F Home Phone _____ Gender __M__F Home Phone _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Email Address _____ Email Address _____

Emergency Contact # _____ Emergency Contact # _____

____ Please DO NOT include our information in the school directory ____ ____ Please DO NOT include our photo in school publications

Student:

First Name _____ Last Name _____ First Name _____ Last Name _____

Gender __M__F Date of Birth _____ Gender __M__F Date of Birth _____

Language Class _____ Tuition \$ _____ Language Class _____ Tuition \$ _____

Elective Class _____ Tuition \$ _____ Elective Class _____ Tuition \$ _____

First Name _____ Last Name _____ First Name _____ Last Name _____

Gender __M__F Date of Birth _____ Gender __M__F Date of Birth _____

Language Class _____ Tuition \$ _____ Language Class _____ Tuition \$ _____

Elective Class _____ Tuition \$ _____ Elective Class _____ Tuition \$ _____

SLMCS responsibility agreement:

1. I agree to take full responsibility for any damage caused by me, or by any members of my family to the facilities used by SLMCS during school time.
2. I agree to take full responsibility for my child (ren) to obey SLMCS rules during school time.
3. I agree to provide voluntary service to SLMCS coordinated by the SLMCS school parent committee during SLMCS school time.
4. I give permission to SLMCS to take photographs/videos of my child (ren) and to use them in publicity if they so desire.

Medical Information:

Primary Doctor Name _____ Contact Phone _____

Preferred Hospital _____

Medical Insurance Policy Number: _____

Medical Insurance Company Name _____ Contact Phone _____

Adult student/Parent/Guardian Signature: _____ Date _____

Received by _____ Date _____ Processed by _____ Date _____