

**COLLEGE ESSAY WRITING CLASS
REGISTRATION FORM
July 10-14 OR July 17-21, 2017**

Student's Last Name:	Student's First Name:	Student's Date of Birth:
Street Address:		
City:	State:	Zip Code:
Parent #1/Guardian's Name:	Primary Phone:	Email:
Parent #2/Guardian's Name:	Primary Phone:	Email:
Current School:		Grade in August 2017:

My child will attend (check one):

Week of July 10-14, 2017: _____ Week of July 17-21, 2017: _____

Acknowledgements

We have read and understand all the policies outlined previously and agree to follow them fully. By typing your name below, we consider this your electronic signature.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Payment Information: Registration is on a first-come, first-served basis. Please read carefully the information in the FEES section.

_____ Enclosed is my check or money order (payable to SMMEF) for \$500.

_____ Please charge my credit card (\$500 plus \$15 credit card fee).

_____ VISA _____ MC _____ AMEX

Card Number _____ Expires _____ CVV _____

Names as it appears on card: _____

Billing address if different from above: _____

_____ I want to help sponsor a scholarship student. My donation is included in the enclosed check or you may charge an additional \$ _____ to the above account.

_____ Student qualifies for the SMMUSD free-lunch program. My \$100 fee payment is enclosed.

_____ Student qualifies for the SMMUSD reduced-lunch program. My \$200 fee payment is enclosed.

