

FOR OFFICE USE ONLY

Registration Amount Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

LAURENCE MANNING ACADEMY

Post Office Box 278, Manning, S. C. 29102

Phone 803-435-2114 ~ Fax 803-435-9154

NEW STUDENT Application for 2017-2018 School Year

Entering Grade \_\_\_\_\_

Legal Name of Student: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

First Middle Last

Preferred Name of Student: \_\_\_\_\_

Male \_\_\_ Female \_\_\_

Custodial Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

School Messenger primary phone number \_\_\_\_\_ School Messenger primary e-mail \_\_\_\_\_

\*Please list the phone number and email address you want to be used for School Messenger. LMA uses this automated system to relay time sensitive announcements.

CUSTODIAL PARENTS:

Name of Father: \_\_\_\_\_

Home & Cell Phone: \_\_\_\_\_

Address for Father: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Business /Other Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Home & Cell Phone: \_\_\_\_\_

Address of Mother: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Business/Other Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

List the names of other children attending Laurence Manning Academy:

\_\_\_\_\_ Entering Grade \_\_\_\_\_

\_\_\_\_\_ Entering Grade \_\_\_\_\_

\_\_\_\_\_ Entering Grade \_\_\_\_\_

List any medical conditions or allergies: \_\_\_\_\_

In case of emergency, L.M.A. has permission to obtain emergency medical treatment. Parents will be notified as soon as possible.

Emergency Contact, Other Than Parents:

Person: \_\_\_\_\_ Number: \_\_\_\_\_ Relation \_\_\_\_\_

Person: \_\_\_\_\_ Number: \_\_\_\_\_ Relation \_\_\_\_\_

Children entering Grades K-3 - 12 must present a Birth Certificate & SC Immunization Form to the Guidance Office.

STUDENTS ARE SUBJECT TO RANDOM DRUG TESTING.

LMA has my permission to publish my child's name and/or photograph in LMA school publications (e.g.-yearbook, student newspaper, literary magazine, website, etc.), SCISA publications, and in area newspapers unless otherwise noted in writing and recorded in our offices prior to publication.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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Please continue to the back of this page to complete this form.

Laurence Manning Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, athletic and other school-administered programs.

In consideration of the acceptance of \_\_\_\_\_, I agree that the full academic year tuition will be paid.  
(student's name)

I also agree that L.M.A. will have complete control over grade placement and I will abide by the rules governing L.M.A. I, the undersigned, agree that I am responsible for all normal charges incurred for attending Laurence Manning Academy. I fully intend to pay all charges in full by the May 1, 2018. I UNDERSTAND THAT IF MY ACCOUNT IS MORE THAN 60 DAYS PAST DUE, IT WILL RESULT IN MY CHILD'S DISMISSAL FROM LAURENCE MANNING ACADEMY.

\_\_\_\_\_  
Signature

**L.M.A. DOES NOT REFUND REGISTRATION FEES**

1. \_\_\_ Pay Total (Tuition & Fees) in Full by August 1, 2017 Amount Paid \$\_\_\_\_\_ Check # \_\_\_\_\_

2. \_\_\_ Monthly Payments \$\_\_\_\_\_ Due by the 10<sup>th</sup> of the Month

3. \_\_\_ Add all fees and tuition together and then divide into monthly payments.  
(Registration must be paid when the forms are turned in.)

4. \_\_\_ Master Card/Visa please charge: \_\_\_ Yearly fees \_\_\_ Monthly fees

Name on Card \_\_\_\_\_ Zip code of card holder: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit code on back of card: \_\_\_\_\_

Credit Card transactions for tuition & fees will be charged 5% of transaction amount, fee will be waived if paying in full.

Bill To:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_