

FOR OFFICE USE ONLY

Registration Amount Paid _____

Received _____

Receipt # _____

LAURENCE MANNING ACADEMY

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

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

NEW STUDENT Application for 2018-2019 School Year

Entering Grade _____

Legal Name of Student: _____
First Middle Last

Date of Birth ___/___/___

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 _____

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

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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, 2019. 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, 2018 Amount Paid \$ _____ Check # _____

2. _____ Monthly Payments \$ _____ Due by the 10th 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: _____