

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

RE-ENROLLMENT 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 /Business /Another Phone: _____
Relationship to Student: _____

Name of Mother: _____ Home & Cell Phone: _____
Address of Mother: _____ Email: _____
Place of Business: _____ Business/Business/Another Phone: _____
Relationship to Student: _____ Marital Status of Parents: _____

List the names of other children attending Laurence Manning Academy:

_____ Entering Grade _____ 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 CUSTODIAL PARENT _____ DATE _____

Please continue to the back of this form and fill out in its entirety.

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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.

L.M.A. DOES NOT REFUND REGISTRATION FEES

FINANCIAL CONTRACT

1. ___ Pay Total (Tuition & Fees) in Full by August 1, 2017 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 forms 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.

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. I UNDERSTAND THAT A 10% FINANCE CHARGE WILL BE CHARGED TO MY ACCOUNT IF MY ACCOUNT IS 90 DAYS PAST DUE.

Signature

Bill To:

Name: _____

Phone: _____

Address: _____