

Registration Amount Paid _____

Received _____

Receipt # _____

LAURENCE MANNING ACADEMY

Post Office Box 278, Manning, SC 29102

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

RE-ENROLLMENT APPLICATION FOR 2021 – 2022 SCHOOL YEAR

Legal Name of Student: _____ Entering Grade _____
First Middle Last

Preferred Name of Student: _____ Male _____ Female _____ Date of Birth ____/____/____

Custodial Address: _____ Town: _____ Zip Code: _____

List any medical conditions or allergies: _____

CUSTODIAL PARENTS:

Name of Parent: _____ Home Phone: _____

Address: _____ Mobile Phone: _____

Place of Business: _____ Business /Alt. Phone: _____

Relationship to student: _____ Email: _____

Name of Parent: _____ Home Phone: _____

Address(if different from above): _____ Mobile Phone: _____

Place of Business: _____ Business /Alt. Phone: _____

Relationship to student: _____ Email: _____

Children entering Grades K-3 - 12 must present a Birth Certificate & SC Immunization Form to the Guidance Office. Children entering 7th grade MUST have a Tdap vaccination before starting the 2021– 22 school year.

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:

School Messenger primary phone number: _____

School Messenger primary e-mail: _____

List the names of other children attending Laurence Manning Academy:

_____ Entering Grade _____ Entering Grade _____

_____ Entering Grade _____ Entering Grade _____

In case of emergency, L.M.A. has permission to obtain emergency medical treatment. Parents will be notified as soon as possible. Emergency Contact(s), Other Than Parent(s):

Name: _____ Number: _____ Relation: _____

Name: _____ Number: _____ Relation: _____

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, LMA sponsored social media, etc.), SCISA publications, and in area newspapers unless otherwise noted in writing and recorded in our offices prior to publication.

I have read and understand the policies and procedures presented in the current school year edition of the Laurence Manning Academy Student Handbook and the Laurence Manning Academy Athletic Handbook and pledge to abide by these stated practices.

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

Registration fees are due when forms are turned into the office.

Registration is not complete until both registration form and fees are submitted.

Billing cycle is TWELVE (12) months. First payment is due June 10th and last payment May 10th.

Credit card payments will incur a 5% surcharge.

FINANCIAL CONTRACT

In consideration of enrollment of _____, I agree that the full
(Student's Name)

academic year tuition and fees will be paid. 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 charges incurred for attending Laurence Manning Academy and I fully intend to pay all charges in full. Laurence Manning Academy bills tuition over twelve (12) months, June through May. I understand that if my account is 60 days past due, my child's interim/report card will be held in the business office until my account is brought current. My child may not be eligible for overnight field trips and/or may not be eligible for extra-curricular activities while my balance remains delinquent. If account is more than 60 days past due, administration has the authority to disenroll the student.

1. _____ Pay Total (Tuition & Fees) in Full by August 10, 2021 Amount Paid \$ _____ Check # _____

2. _____ 12 Monthly Payments (June – May) \$ _____ Due by the 10th of the Month.

Bill To:

Name: _____ Phone: _____

Address: _____

Signed: _____ Date: _____