

**COLLEGE ESSAY WRITING CLASS 2019
REGISTRATION FORM
July 8-12, July 15-19 or July 22-26**

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 2019:

My child will attend (check one):

Week of July 8-12: _____ Week of July 15-19: _____ Week of July 22-26: _____

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 on the first page.

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

_____ Please charge my credit card (\$500, \$200 or \$100 plus 3% credit card charge).

_____ 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.

