

**COLLEGE ESSAY WRITING CLASS 2020  
REGISTRATION FORM  
June 22-26, July 6-10, July 13-17 or August 3-7**

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 2020:

**My child will attend (check one):**

Week of June 22-26: \_\_\_ Week of July 6-10: \_\_\_ Week of July 13-17: \_\_\_ Week of August 3-7: \_\_\_

**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.

