

Date _____

SMSD eSCHOOL ENROLLMENT
www.smsd.org/academics/eSchool



For Counselor Use Only				
MV	MG	EL	SV	
Counselor Signature: _____				

Student Name _____

Last

First

SMSD Student ID# _____

School **Now** _____

Current

Attending _____

Grade

Birthdate _____

Gender: M _____ F _____

PAYMENT IS REQUIRED AT TIME OF ENROLLMENT. PAYMENT NOT RECEIVED WITHIN 24 HOURS WILL REMOVE STUDENT FROM COURSE.

<u>Semester</u>	<u>Year</u>	<u>Course #</u>	<u>Name of Course</u>	OFFICE USE ONLY				
				Course Fee	Amount Received	Payment Type Auth./Ck. #	Received By	Date

Parent/Guardian 1 Name _____

Parent/Guardian 2 Name _____

Address _____

City/State _____ Zip _____

Email Address _____

Primary Phone (____) _____

Secondary Phone (____) _____

Supplemental tuition _____ Auth./

Paid by other than parent \$ _____ Check # _____

Source of payment _____

Address _____

City/State _____ Zip _____

NO REFUNDS AFTER CLASS BEGINS. 20% cancellation fee if student withdraws from class for any reason prior to beginning of class.