FOR OFFICE USE, ONLY

Registration Amount Paid _____ *Received* _____

Receipt # _____

LAURENCE MANNING ACADEMY
Post Office Box 278, Manning, SC 29102
Phone 803-435-2114 Fax 803-435-9154

NEW STUDENT APPLICATION FOR 2019 – 2020 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: _____

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 2019 – 20 school year.

CUSTODIAL PARENTS:

Name of Father: _____ Home Phone: _____
Address for Father: _____ Mobile Phone: _____
Place of Business: _____ Business /Alt. Phone: _____
Relationship to Student: _____ Email: _____

Name of Mother: _____ Home Phone: _____
Address of Mother:_____ Mobile Phone: _____
Place of Business: _____ Business /Alt. Phone: _____
Relationship to Student: _____ Email: _____

Last School Attended: _____ **Address:** _____

Laurence Manning Academy must have all transcript information from school(s) previously attended before a student will be allowed to begin the school year. Acceptance at LMA is **provisional** until all records are received and reviewed by administration.

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. Please list emergency contact, Other Than Parents:

Person: _____ Number: _____ Relation: _____
Person: _____ 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, 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
Registration fees are due when forms are turned into the office.

FINANCIAL CONTRACT

1. ____ Pay Total (Tuition & Fees) in Full by August 1, 2019 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: _____ Tuition & Fees in Full _____ Monthly

   Name on Card_____ Zip code of card holder: _____

   Card #_____ Exp. Date_____ 3-digit code (CVV): _____

   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
(student's name)
will be paid. I understand Laurence Manning Academy must have all transcript information from any school previously attended before a student will be allowed to begin the school year. 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: _____

NEW