

**Saipan Seventh-day Adventist  
SUMMER SCHOOL**

**LOCAL 2021—Registration Form**

Registration	\$ 25
Materials	\$10 (weekly)
Tuition Kinder—8th Grade	\$75 (Weekly)
<b>Summer School Schedule</b>	
<b>Session 1: June 14, 2021—July 2, 2021</b>	
<b>Session 2: July 5, 2021—July 30, 2021</b>	
<b>Summer School Hours</b>	
Monday to Friday	
8:00 am - 3:00 pm	
<b>Document Required:</b>	
Child and Parent or Guardian's copy of passport, School Student ID, or Certificate of Enrollment from Saipan School	
*All payments due before start of session. *All fees are non-refundable *Open for current SDA school students & local students only	

**Student's Info**

Legal Name (First, Middle, Last) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M / F Grade \_\_\_\_\_  
 Address PO Box \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Village \_\_\_\_\_ Saipan, MP 96950

**Parents'/Guardian Info**

Father's Legal Name (First, Middle, Last) \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Mother's Legal Name (First, Middle, Last) \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Authorization to Leave School—Other than the parents/guardians**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

For office use only:  
 Start date: \_\_\_\_\_  
 End date: \_\_\_\_\_

**Emergency Information** Student's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please list any medical health concerns we should be aware of: \_\_\_\_\_

Please list the information of an adult other than the parents that we may call in emergency if you are not available:  
 Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*As necessary, I grant permission to the Saipan Seventh-day Adventist School to arrange for emergency medical or other emergency services for the student \_\_\_\_\_ (name of student). This permission will cover the entire time he/she is enrolled at the SDA School. I agree to be responsible for any and all medical costs, expenses, and charges incurred by or for my child. I agree to release and discharge and hold harmless the Seventh-day Adventist School, its members, officers, agents and employees, from and against any liability or any claim or demand arising from or connected with such treatment.*

I HAVE READ AND AGREE TO THE STATEMENT AS IT IS WRITTEN:

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_