



Annual Enrollment Contract

Date of Enrollment: _____

Student Name: _____ Date of Birth _____

Address: _____

City & Zip _____ Phone _____

E-mail _____

Name of Father (or male guardian): _____

Home Address (if different from student): _____

City & Zip _____ Phone (Home) _____

E-mail _____ Phone (Cell) _____

Name of Mother (or female guardian): _____

Home Address (if different from student): _____

City & Zip _____ Phone (Home) _____

E-mail _____ Phone (Cell) _____

I wish to attend the Spring Valley School for the year commencing _____

Signed: _____

Date: _____

(student)

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In Case of emergency please contact:

(1) Name: _____ Daytime Phone: _____ Cell Phone: _____

(2) Name: _____ Daytime Phone: _____ Cell Phone: _____

(3) Name: _____ Daytime Phone: _____ Cell Phone: _____

(4) Name: _____ Daytime Phone: _____ Cell Phone: _____

Name of student's general physician: _____

Address: _____ Phone: _____

Please indicate all persons who are allowed to pick up student from school:

(1) Name: _____ Phone _____

(2) Name: _____ Phone _____

(3) Name: _____ Phone _____

We wish the above named student to attend the Spring Valley School for the year commencing 20____. If the school admits the student, we agree to pay the full annual tuition of _____ or a monthly payment of _____ plus a \$1,000.00 deposit that will be returned upon completion of the school year. **We understand that if we leave before the end of the school year, we are still committed to pay the full year's tuition. In the event of a non-completion of a school year, the deposit will be applied toward any tuition still owed to the school.** We agree that the student and we abide by the by-laws of the School Corporation.

Signed: _____

(father or legal guardian)

Signed: _____

(mother or legal guardian)