## **MOUNT VERNON ACADEMY**



Parent/Guardian Signature

240 East 5600 South Murray, Utah 84107 Phone: (801) 266-5521 - Fax: (801) 269-8080 Email: office@mountvernonacademy.com

## **SCHOOL REGISTRATION FORM**

(Kindergarten through 12th Grade)

Student Last/Family Name		First/Given	First/Given		Middle		Preferred Name	
Grade	Date of Birth: Month			Day Year		 Gender		
Student's Home Ad	dress			City		State	Zip	
Parent's Name			Email			Phone		
Parent's Name			Email			Phone		
Emergency Contact			Email			Phone		
Student Email (for students in grades 9-12)			Email					
<ul> <li>The follow first schoo</li> <li>This tuition may be pa</li> <li>All tuition</li> <li>REGISTRA</li> <li>SCHOOL F</li> </ul>	tion, School Fe ring are the Reg Il day of each m In schedule is fig In and fees are	nonth. If tuition is gured on a yearly f so desired.  non-refundable or student) - \$2 dent) - \$3 dent) - \$7  1. \$1036, 2. \$1,186 3. \$1,336	ees, and basis a	Tuition for by the 5th divided into Due at the For books a per school family rate/family rate/family rate	school year Mount Vernon Acad of the month, a \$90 o equal payments for the month of the month, a \$90 of t	0.00 late fee will be for your conveniend	added. ce. Tuition	
By signing below your sertify the information			amounts					

Date