

## **MOUNT VERNON ACADEMY**

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

## **SCHOOL REGISTRATION FORM**

(International Students)

Student Last/Family Name	First/Giver	1	Middle		Preferred Name	
Grade Date of B	Birth: Month	Day	 Year		Gender	
Student's Home Address		City		State	Zip	
Parent's Name		Email		Phone		
Parent's Name		Email		Pho	Phone	
Emergency Contact		Email		Pho	Phone	
Student Email (for students in grades 9-12)		Email				
Previous School Attended:						
first school day of eac	Registration, School month. If tuit is figured on a year is o desired.  are non-refund (per student) - student) - student) - student) - student)	ool Fees, and Tuition for ion is not paid by the orly basis and divided able. \$200.00 – Due	or Mount Vernon e 5 <sup>th</sup> of the mon into equal payn at the time of r books and supp er school year	th, a \$90.00 nents for you registration	ition is overdue after the late fee will be added. r convenience. Tuition	
By signing below you agree to I certify the information herein						
Parent/Guardian Signature			 Date			