## **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**

(Kindergarten through 12<sup>th</sup> Grade)

Student Last/Family Name		First/Given	First/Given		Middle		Preferred Name	
Grade	Date of Birth: Month			Day	Year	Gender		
Student's Home Address				City		State	Zip	
Parent's Name			Email			Phone		
Parent's Name			Email			Phone		
Emergency Contact			Email			Phone		
<ul> <li>The follor first school</li> <li>This tuition may be presented and tuition</li> <li>REGISTR</li> <li>SCHOOL</li> </ul>	wing are the Regool day of each of the constant of the constan	month. If tuition gured on a yearly if so desired.  ending mon-refundab per student) - \$ dent) - \$	Fees, and point is not point is	d Tuition for paid by the ad divided — Due at t — For boo	r Mount Vernon A 5 th of the mont into equal paym he time of regis ks and supplies	Academy. Tuition is over th, a \$90.00 late fee we dents for your conveni- tration	will be added ence. Tuitior	
By signing below, I certify the inform				unts.				
Parent/Guardian S	Signature				 Date			