

HORACE MANN SUMMER SCHOOL REGISTRATION FORM

(Please Print)

Today's date:			Current School:		
STUDENT INFORMATION					
Last name:		First:	Middle:	Current Grade:	
Parents:		Siblings:	Birth date:	Sex:	
			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
Street address:		Primary phone no.:	Secondary phone no.:		
		()	()		
P.O. box:	City:		State:	ZIP Code:	
Email:	Emergency Contact:			Contacts phone no.:	
					()
Billing Address (if not a Horace Mann Student):					
Others Authorized for Pickup & Relationship:					

			Current School:		
STUDENT INFORMATION					
Last name:		First:	Middle:	Current Grade:	
Parents:		Siblings:	Birth date:	Sex:	
			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
Street address:		Primary phone no.:	Secondary phone no.:		
		()	()		
P.O. box:	City:		State:	ZIP Code:	
Email:	Emergency Contact:			Contacts phone no.:	
					()
Billing Address (if not a Horace Mann Student):					
Others Authorized for Pickup & Relationship:					

IN CASE OF EMERGENCY				
Name of local friend or relative (not living at same address):		Relationship to Student:	Home phone no.:	Work phone no.:
			()	()
<p>The above information is true to the best of my knowledge. I understand that I am financially responsible for any tuition due for registration to Horace Mann before my student may attend. I can contact Horace Mann for any information or any additional questions that arise required to the Summer School offerings and processes at 660-562-1233 or 660-562-1234.</p>				
<hr style="width: 100%;"/> <i>Patient/Guardian signature</i>			<hr style="width: 100%;"/> <i>Date</i>	