

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:	
				/ /	
				<input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			Primary phone no.:		Secondary phone no.:
			()		()
P.O. Box:		City:		State:	
				ZIP Code:	
Emergency Contact:		Address:			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:	
				/ /	
				<input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			Primary phone no.:		Secondary phone no.:
			()		()
P.O. Box:		City:		State:	
				ZIP Code:	
Emergency Contact:		Address:			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.:
			()
			()
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.			
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>	