Elementary School Enrollment Form



P.O. Box 502862 Saipan MP 96950 Tel. (670) 235-2185 / (670) 234-0898-*Chalan Kiya* Tel. (670) 234-0467-*Chalan Kanoa* Tel. (670) 233-6452-*Gualo Rai* Email: info@greenmeadowschool.net / gms.saipan@yahoo.com

Location_		

Date

□1st	2nd	□3rd
]₄th □	5th

Parent's Printed Name

	Name of Chil	d (Last, First, Middle	9)		Nickname
HILD'S INFORM	// Date of Bir	rth Sex	Raco	е	Citizenship
	Physical Add	Iress (Apt. #, Street,	Village)		Home Phone Number
	Mailing Addr	ress			Email Address
	Father's Nan				
	Cell Phone Number Work Phone Number		Cell Phone Number	Work Phone Number	
ပ	Name of Er	mergency Contact	Contact Numbe	r Relat	ion Allergies (If any)
	Authorized p	person(s) for child pio	ckup		
	from school	and daycare, assum	ning	orized Pickup Person(s) &	Contact Number(s)
	responsibilit	y in absence of pare	ents. Additi	orized Flekap Fersori(s) &	Contact Namber (3)
Requirements	4. Officia		(Blue Card) or Immunization rd (For new and transfer stud an's, Trader's, etc)		
Sch	ool supplies to	o bring:	Fees:		** We give 5% siblings
Red Scis Pen Eras	otebooks /Black Pen sors cils sers yons	6 Notebooks Red/Black Pen Scissors Pencils Erasers Crayons Glue	Registration	\$425 \$300 \$150 \$40 \$40	discount on Tuition Fee. All fees are due upon registration and are non- refundable. Tuition fees are due on the 1st day of the month. We charge \$10 late fee on unpaid account on the 11th day.
			WAIVER N	o. 1	
rep	roduction, pu	blication, broadcast	os, video recordings, and/or	audio recordings of my c	hild and hereby authorized the s to GREEN MEADOW SCHOOL
Par	ent's Printed I	Name	S	ignature	Date
			WAIVER N	0. 2	
that my	the policy of the child/ren to take	ne school is to make no e part in all activities of	refunds or transfers on registra	ation fees or the first tuition urther agree to identify and h	It is also my understanding payment. I also give permission for nold GREEN MEADOW SCHOOL for

Signature