ADDITIONAL STUDENT REGISTRATION FORM

This form must accompany a Registration & Payment Agreement Form.

Registration Date_____ Start Date_____ Location ❒ *Warrensburg* ❒ *Sedalia*

BILLING NAME _____

STUDENT #2 NAME: Cell:

Birthdate _____School _____ Grade _____ Email _____

Medical Info ❒ no ❒ yes_____

Class Name	Level	Day	Time	Hours

STUDENT #3 NAME: Cell:

Birthdate _____School _____ Grade _____ Email _____

Medical Info ❒ no ❒ yes_____

Class Name	Level	Day	Time	Hours

STUDENT #4 NAME: Cell:

Birthdate _____School _____ Grade _____ Email _____

Medical Info ❒ no ❒ yes_____

Class Name	Level	Day	Time	Hours

Student #2 Tuition | Student #3 Tuition | Student #4 Tuition

Add total family's tuition and add to the Registration & Payment Agreement Form.