

Sloan School Registration and Enrollment Form

Name of Student: _____

Date of Birth: _____ Sex: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Registration for Grade: 7th _____ 8th _____ 9th _____ 10th _____
11th _____ 12th _____

Last School Student Attended: _____

Name of Father: _____

Name of Employer _____

Employer Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Name of Mother: _____

Name of Employer _____

Employer Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Emergency Contact Information (*In case of an emergency and we are unable to contact parents, who would be an alternate contact*)

Name: _____ Phone Number: _____

Registration FEE is Non-Refundable

Should your child become ILL or suffer an accident of any kind, Sloan School shall contact the parent immediately. If we are unable to reach parent or emergency contact, Sloan School shall be authorized to secure the necessary medical attention. Parent shall be responsible for all doctor and hospital bills and shall release Sloan School from any and all claims or liability for any injuries sustained.

Any additional information about your child that you feel we should know: _____

Signature of Parent(s) _____

Date: _____

Please complete registration form and send to: Sloan School – 171 Starlight Drive, Columbia, SC 29210
or Email to administrator@sloanschool.com