

# Saipan Seventh-day Adventist Temporary Students

SY 2025-2026 —Registration Form

Registration \$ 50  
(\$25 Discount for returning students  
within the school year)

Materials: \$50.00 Weekly

Tuition:

CDC—8th Grade \$175.00 Weekly

### Temporary Student Schedule

Monday to Thursday

8:00 am - 3:00 pm

Fridays

8:00 am - 12:30 pm - Elementary

8:00 am - 3:00 pm - CDC

### Document Required:

Child and Parent or Guardian's copy of passport.

\*All payments due before start of session.

\*All fees are non-refundable

### Student's Info

Legal Name (First, Middle, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M / F Grade \_\_\_\_\_

Address PO Box \_\_\_\_\_

Street Name \_\_\_\_\_

Village \_\_\_\_\_ Saipan, MP 96950

### Parents'/Guardian Info

Father's Legal Name (First, Middle, Last) \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Mother's Legal Name (First, Middle, Last) \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Guardian's Legal Name (First, Middle, Last) \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

### Authorization to Leave School—Other than the parents/guardians

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

For office use only:

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

**Emergency Information** Student's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact Parent \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical health concerns we should be aware of: \_\_\_\_\_

Please list the information of an adult other than the parents that we may call in emergency if you are not available:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*As necessary, I grant permission to the Saipan Seventh-day Adventist School to arrange for emergency medical or other emergency services for the student \_\_\_\_\_ (name of student). This permission will cover the entire time he/she is enrolled at the SDA School. I agree to be responsible for any and all medical costs, expenses, and charges incurred by or for my child. I agree to release and discharge and hold harmless the Seventh-day Adventist School, its members, officers, agents and employees, from and against any liability or any claim or demand arising from or connected with such treatment.*

I HAVE READ AND AGREE TO THE STATEMENT AS IT IS WRITTEN:

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_