

**Saipan Seventh-day Adventist  
SUMMER SCHOOL**

**LOCAL 2025—Registration Form**

Registration \$ 25  
Materials \$25 (weekly)  
Tuition \$75 (Weekly)  
Kinder—8th Grade

**Summer School Schedule**

**Session 1: June 16, 2025—July 3, 2025**

**Session 2: July 7, 2025—August 1, 2025**

**Summer School Hours**

Monday to Friday

8:00 am - 3:00 pm

**Document Required:**

Child and Parent or Guardian's copy of passport, School Student ID, or Certificate of Enrollment from Saipan School

\*All payments due before start of session.

\*All fees are **non-refundable**

\*Open for current SDA school students & Saipan students only.

**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 \_\_\_\_\_

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 \_\_\_\_\_