

Saipan Seventh-day Adventist Temporary Students

SY 2026-2027 —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 then 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, it's 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 _____