



33721 Bluewater Lane Dana Point, CA 92629
Tel/Fax: 949.492.5240 info@westriveracademy.com

Parents' Names _____ Date _____

I am registering for the academic year August 1, 20____ through July 31, 20____.
(Please note that your enrollment covers a 365-day period regardless of the date of enrollment.)

Street _____ E-mail _____

City _____ State _____ Zip _____

Home Phone _____ Business / Cell Phone _____

Please list the name, sex and birth date of each student you are enrolling in West River Academy. If the school records of any student need to be obtained from the school previously attended, please fill out the **Request for Student Records** form and send it along with your Registration Form. The records will be kept on file at West River Academy until the student(s) leave the Academy.

Student's Full Name _____ Date of Birth _____ Gender _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you submitting a Certificate of Immunization for each child listed above? (This form or immunization information is required for students in the US only.)

_____ Yes _____ No, it will come with the school records.

_____ No, we do not immunize for personal, medical or religious (circle one) reasons.

_____ I have enclosed the enrollment fee.

_____ I have enclosed the New Student fee of \$50 per student.

_____ I am enclosing an additional \$ _____ for _____.

_____ I am enclosing a total of \$ _____ payable to West River Academy.

Thank you for enrolling in West River Academy. We will email you a confirmation of your enrollment.

If you prefer to have it mailed to you, please check here _____