

Dear Parents,

Thank you for your interest in our school. Attached is the Hayes Mission School 2009-2010 registration form. Please provide the following items with the first grade through sixth grade registration form. Registration is not complete without these required items and your child will not be considered for admission until all materials have been received. Parents are responsible for assuring that all necessary registration materials have been sent to the Hayes Mission's School office.

\$300 registration deposit per family for grades 1-6

Your child's birth certificate

Your child's baptismal certificate

Your child's past and current report cards with comments and any standardized test scores (for grades 1 - 6)

Your child's current immunization records

Any educational information (diagnostic testing, etc.), if applicable

Hayes Mission will use the following priority acceptance policy for the 2009-2010 school year.

1. Brothers and sisters of children already in the school
2. Incoming students of alumni
3. Students of neighboring towns/villages and residents of Bomi County
4. Students with exceptional scores in the entrance exams

Notification of acceptance to Hayes Mission School for the 2009-2010 school years will be sent in March. If you have any questions concerning the registration office, please call the school office. Thank you for your interest in our school.

Sincerely,

Mr. Thomas Brown
Superintendent

HAYES MISSION SCHOOL REGISTRATION FORM FOR 2009-2010

Zohn Town, Banbagida Highway

P. O. Box 814

1000, Monrovia 10, Liberia

330-406-0591

Non-refundable registration fee of \$300 per family;

****FOR OFFICE USE ONLY ****

The \$300 will be applied to the 2009-2010 tuition

Date Paid _____
\$300 Check # _____

CHILD'S NAME _____ Grade _____
(last) (first) (middle) (in Sept 2009)

ADDRESS _____
(street) (P. O. BOX)

Home Phone _____ Date of Birth _____ Place of Birth _____

Male/Female _____ Religion _____ Liberian Citizen? _____

Current School _____
(name) (address) (Phone Number)

FAMILY DATA - FATHER

Father's Name _____ Education Level _____
(last) (first)

Address if different than child _____

Occupation & Place of Employment _____

Business Phone _____ Religion _____

Church _____ Date of Registration w/church _____

FAMILY DATA - MOTHER

Mother's Name _____ Education Level _____
(last) (first)

Address if different than child _____

Occupation & Place of Employment _____

Business Phone _____ Religion _____

Church _____ Date of Registration w/church _____

Student resides with: Both Parents _____ Father only _____ Mother only _____ Other _____

LANGUAGES, besides English, spoken in the home _____

STUDENT'S SACRAMENTAL INFORMATION

Dates _____ Church _____
Baptism _____

CHILDREN IN THE FAMILY (please list every child in order of birth)

First Name Birth Date First Name Birth Date

I understand that my signature on this agreement verifies that I will abide by the policies and procedures of the school and its administration as stated in the Hayes Mission's Parent/Student Handbook. My signature also verifies that I have shared all available educational and medical information (diagnostic testing, etc) concerning my child in order to ensure a successful school experience I understand the terms of this agreement as they regard the payment of registration, tuition, and other fees Failure to abide by these agreements may result in the withdrawal of my child from Hayes Mission School

Parent/Guardian Signature and relation to child _____ Date _____

Please print name