



REGISTRATION FORM

ADDRESS: MMASEKASEKA PRIMARY SCHOOL

CONTACT: 0794055214

STUDENT INFORMATION

Student Name _____ ID# _____

First Name

MI

Last Name

Home Address _____

Street Address

City

State

Zip

Home Phone _____ Cell Phone _____

Email _____ (For Confirmation/Reminder)

Last School you went: _____

Qualification you currently have: _____

Which courses would you like to register for?

1		3	
2		4	

Where did you hear about us?

Newspaper Website Friend Other

Method of payment

Cash
 Card
 Check

Signature: _____

Date: _____



STUDENT AND LECTURE CONTRACT

As a student, I will be responsible for:

1. Showing respect and cooperating with all adults at the school.
2. Coming to class on time, prepared to work.
3. Completing all assignments to the best of my ability.
4. Respecting the rights of others to learn without disruption.
5. Showing respect for people and property by not using profanity, stealing or vandalizing.
6. Practicing the rules in the Code of student Conduct.
7. Spending time at home on daily studying or reading.

Date: _____ Student Signature: _____

As a lecture, I will be responsible for:

1. Providing instruction in a way that will motivate and encourage my students.
2. Providing a safe and positive atmosphere for learning.
3. Explaining assignments so that my students have a clear understanding.
4. Supplying clear evaluations of student progress to students and parents.

Date: _____ Lecture Signature: _____