

Dominion School For Autism Reservation and Enrollment Agreement

I hereby accept the offer of enrollment by Dominion School for Autism

for _____
Child's name

School District: _____

Enrollment Beginning: _____
Date

Home Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Person(s) Financially Responsible: _____

Billing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Notes/additional information: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Dominion School for Autism Representative Signature: _____