

Family Name _____

Special Event
Registration

TLC Senior Graduation

Location	Date	Start-End	Price	RSVP
Spreckles Organ Pavilion Balboa Park 2125 Pan American Rd. E San Diego, CA 92101	Monday, June 18, 2018	3:00 pm Mandatory Check in 5:30 pm Ceremony	\$25 per graduate (Cap & Gown cost)	Friday March 23, 2018

*When submitting this registration form, you must have already provided TLC with a master liability waiver that includes any medical information about your student. It is your responsibility to update your student's medical information as necessary with the school by completing a new Master Waiver.

*Students must be in good standing (academic/behavioral) to attend events.

*Priority is based upon the returned date. First come - first serve.

*Payment is required at the time of registration. Cash payment must be the exact amount. Checks payable to The Learning Choice Academy. No refunds or reimbursements once RSVP is submitted.

*Parents are responsible for providing transportation and supervision. If your student will be attending with another adult or family, a written note must accompany the registration stating your detailed permission.

Parent Name (Last, First):	Total Adults:	Total Students:	Total Siblings:
Phone:	Site (circle one):	Chula Vista	Scripps Ranch
Email:		La Mesa	Temecula

Names of those attending	Relationship to Student	Grade/Age	Form of Payment
			Write amount next to payment form
1.	Graduate		Cash _____ Check _____
2.	Parent Student Sibling		
3.	Parent Student Sibling		
4.	Parent Student Sibling		
5.	Parent Student Sibling		
6.	Parent Student Sibling		

Special Instructions:

Please complete attached cap and gown order form and turn in payment with registration form.

Students must arrive on time for check-in to participate in graduation.

Please note, NO airhorns, noisemakers or confetti cannons will be allowed.

Photo packages will be available for purchase.

Signature:	Date:	Total Cash: Check #: Total:
		*only 1 check is needed per event/family
(For Internal Use Only) Received by: _____ Date: _____ Entered into FMP by: _____ Date: _____ Sent to EU Dept: _____ Date: _____		Total Amount: