

SUMMER ENROLLMENT FORM

Please submit enrollment form with a \$200 non-refundable deposit.

Students Name: _____

Birthdate: _____

Grade Entering Fall 2018: _____

Allergies: _____

Medical Conditions: _____

Please list desired classes and times:

1. _____

2. _____

3. _____

4. _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian #1: _____

Address: _____

Phone #1: _____ Phone#2: _____

Email Address: _____

Parent/Guardian #2: _____

Address: _____

Phone #1: _____ Phone#2: _____

Email Address: _____

Circle one: Married Divorced Custodial Guardian

Signature and Date: _____

