

MOUNTAIN HOME SUMMER SCHOOL ENROLLMENT FORM

Registration Deadline – May 26th, 2017 by 4:00p.m.

Student Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip _____

Birthdate _____ / _____ / _____ M _____ F _____ Gender _____ Ethnicity _____

Last School Attended 2016-2017 _____ 16-17 Grade _____

My student receives accommodations under an:

IEP ELP 504 None

Parent / Guardian Name _____

Parent / Guardian Contact Number(s) _____

Parent / Guardian Email _____

I have read and understand the rules and policies regarding: *(initial each)*

____Attendance _____Discipline _____Finals _____Refunds

Course Selection

June 5 – June 30, 2017

Session 1: 9:00a.m. – 12:00p.m.

Course Title _____

Session 2: 1:00 – 4:00p.m.

Course Title _____

*It is important students consult with their counselor regarding course choices to confirm they fulfill graduation requirements.

FEES (please attach receipt)

\$85.00 per course

Session 1: \$ _____

Session 2: \$ _____

Total Due: \$ _____

I am applying to have my fees waived as an at-risk student as defined by the Idaho State Board of Education criteria. (Documentation must be included at time of registration)

Refunds will not be given after June 5, 2017