

please print

Summer Academy 2010 Application

Name _____ M _____ F _____

Address _____

City/State/Zip* _____ Home Phone*() _____
(*Please include zip code) (*Please include area code)

School Name* _____ School District # _____
(*Name of school presently attending – not District Name) (See cover)

Current Grade* _____ Date of Birth _____ / _____ / _____ Previous attendance at SA* _____
(*2009-2010 **grade student is presently completing**) (*Total **number of years** in attendance)

_____ Yes, Include me in the carpool lists (to be mailed at the end of April)

Choices: Course # Course Title (list your choices in order of preference – be sure to only list courses that are for your current grade – incorrect courses may result in return of application)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

\$390.00 is the standard tuition. Payment Enclosed* \$ _____ (minimum of \$50)
(*Amount actually enclosed with application - Receipt to be mailed **after** August 15, 2010 with your student's evaluation)

Please note: An application received without the \$50 registration deposit will be returned and your child will not be registered until the \$50 fee is received unless you are applying for financial aid.

_____ I have applied to my district for financial aid _____ I am attaching a flexible payment plan

_____ () _____
(Parent's full name) (Parent's work phone # including area code)

_____ () _____
(Parent's full name) (Parent's work phone # including area code)

Emergency phone number(s) where parent(s) may be reached during SA 2010

Parent () _____ Parent () _____

Emergency contact if parent cannot be reached during SA 2010 (name & relationship)

_____ () _____

Non-emergency phone number(s) & contact person(s) for immediately AFTER daily SA hours:

over please – important signatures required

Last Name

First Name

Middle Initial

Field Trip Permission – Application will be returned if received without signature

I hereby give permission for _____ to attend
(Student's Name)

all field trips with his/her 2010 Summer Academy Class. I understand that I will receive information regarding **all** field trips beforehand.

Parent/Guardian Signature - **Required**

Date

Consent for Release of Information to Media and on Summer Academy Web Site

Summer Academy may wish to use a photograph of your child's general class activities for promotional and educational reasons, such as on the District web site. Please sign below and indicate if the Summer Academy has permission to use a photograph of your child. If you do *not* check YES there will be *no* release of this data on the Summer Academy web site or to the media.

_____ **YES**, I give permission to the Summer Academy to use a photograph of my child for the Summer Academy web site or local media.

Parent/Guardian Signature: _____

Please List Any & All Health Concerns Below (please be as detailed as possible – attach another sheet if necessary):

Make Checks payable and mail to:

**Summer Academy
2697 East County Road E #533
White Bear Lake, MN 55110**