

2018 Everett Area Summer Credit Recovery Form
June 4 – July 13 (6-Week Session)

PLEASE COMPLETE AND RETURN THIS FORM BY MAY 25, 2018 TO:

Everett Area School District Summer School Program
 Allison Mountan
 1 Renaissance Circle
 Everett, PA 15537

Or return this completed form to the High School Office, Mr. Whisel, or the Guidance Office.
 Applications postmarked after this date will not be accepted. Please register on time.

Student Information

Name: _____ Gender: M / F Birth Date: _____

Address: _____
 (Street) (City/State) (Zip)

Student Email: _____ Grade level for Fall 2018: _____

Student Cell #: _____ Cell provider: _____ Home phone #: _____

Parent Information

Parent/Guardian Name	Cell phone	Email address
		<input type="checkbox"/>
		<input type="checkbox"/>

Check here if you wish to receive daily progress reports and the corresponding box beside which email address above you with them to be emailed to.

Course Selection(s): Please write the course(s) you elect in the spaces provided below.

_____ I would like to enroll in the course provide below.

Course Title _____

Course Title _____

Fee: \$200 tuition per course

Make checks payable to: Everett Area School District

Counselor Authorization: _____
 Signature Date

Enrollment Authorization and Consent

I understand and agree to all of the following stipulations and conditions of enrollment for summer school session. Tuition fees will be paid in full prior to enrollment and are nonrefundable. Everett Area School District student and board policies apply to the summer school session and we agree to follow them.

 Parent/Guardian Signature Date