NORTH STAR ACADEMY
SUMMER SCHOOL

ENROLLMENT FORM

Student Name _____

Address _____

Phone Number _____ **Emergency Contact** _____

Date of Birth _____ **Age** _____ **Grade Level** _____

Home School District: _____

Home School Address: _____

Guidance Counselor at Home School: _____

Course(s) Requested: _____

Program fees are non-refundable. Students from other districts **must have** their home school's permission to receive credit for completed courses. Any student severely damaging, destroying or losing program materials will be charged for their replacement value. **North Star** students earning an "A" in their course(s) will be eligible to receive a $50 scholarship. Make checks payable to North Star Academy.

I understand and agree to the above specified conditions for participating in the summer school program.

_____ Date: _____
Student Signature

_____ Date: _____
Parent Signature

Student has my permission to leave the school for field trips via public or private transportation

Parent Signature_____ Date:_____

Student has my permission to be photographed for media and/or program documentation.

Parent Signature_____ Date:_____