



The East Valley Institute of Technology
 ON-CAMPUS SUMMER SCHOOL PROGRAM
 ENROLLMENT FORM 2017

APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Date of Birth(mm/dd/yy): ____ / ____ / ____ Gender: Female Male

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone Number: (____) _____

Legal Guardian Name (PRINTED): _____

Racial or Ethnic Group:

- American Indian/Alaskan Asian/Pacific Islander Black/African American
 Hispanic/Latino White/Caucasian Other

HIGH SCHOOL INFORMATION

Home High School: _____

Grade Level Fall 2017: 11 12

EVIT INFORMATION

EVIT PROGRAM 2017: _____

SELECT ONE: New to EVIT 17/18 Returning to EVIT 17/18

SUMMER COURSE:

- Session 1 | Economics | June 7th - 27th [Monday - Thursday, 8:00 am - 1:00 pm]
 Session 2 | Government | July 10th - 27th [Monday - Thursday, 8:00 am - 1:00 pm]

IF STUDENT FAILS THE COURSE OR DOES NOT ATTEND EVIT IN THE FALL, STUDENT AND/OR PARENT WILL BE RESPONSIBLE FOR REIMBURSING EVIT FOR ALL SUMMER SCHOOL COSTS.

Student Signature: _____

Parent Signature: _____

THIS SECTION TO BE COMPLETED BY EVIT PERSONNEL ONLY		
Program:	Campus: MAIN CAMPUS	Student Entry Date:
Teacher:	Section:	
EVIT ID #:	Entered by:	Date: