



SUMMER 2016 - ENROLLMENT APPLICATION (*Please submit by April 29, 2016)

Student Information:

First Name Middle Name Last Name Date of Birth

Street Address Apt./Suite City State Zip Code

Parent/Legal Guardian Name Home Phone Number Daytime Phone Number

Gender: Male Female Current Grade Level 11 12

Race: Alaskan Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander
 White Hispanic

HOME HIGH SCHOOL _____

NEW STUDENT RETURNING STUDENT EVIT PROGRAM FALL 2016: _____

Program Choice: (MONDAY - THURSDAY)

SESSION 1 June 6 - June 23 (8:00 A.M - 1:00 P.M)

SESSION 2 July 5 - July 25 (8:00 A.M - 1:00 P.M)

ECONOMICS GOVERNMENT BOTH

CAMPUS PREFERENCE: MAIN EAST

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: _____

High School Counselor's Signature: _____

This section to be filled out by EVIT Personnel:

Program: _____ Main Campus

Teacher Name: _____ Section #: _____

Student Entry Date: _____

Entered into PS by: _____ Date: _____

EVIT ID #