PROJECT ENCORE SFC ENROLLMENT FORM 09-10

Andover ♦ 210 Ira Ct. ♦ Andover, KS ♦ 67002 ♦ (316) 733-5561

El Dorado ♦ 2710 W. Central Suite C ♦ El Dorado, KS ♦ 67042 ♦ (316) 322-7171

Rose Hill ♦ 301 E. School Street ♦ Rose Hill, KS ♦ 67133 ♦ (316) 776-2000

Have you ever been enrolled in Encore before? ____YES ____NO. If yes, when?_____ Which program? _____

FULL NAME_____ TODAY'S DATE____/____/____
First M. Initial Last Month Day Year

ADDRESS_____SEX _____F_____M
Street Number/Apt. Number Street Name City State Zip Code

HOME PHONE(____)_____ -_____ CELL PHONE(_____)_____-_____ WORK PHONE(____)____--_____
Area Code Number Area Code Number Area Code Number

SOCIAL SECURITY # _____ - _____ - _____ BIRTH DATE _____/_____/_____ AGE _____
Month Day Year

E-MAIL ADDRESS_____ GRADE LEVEL_____

ALTERNATE CONTACT PERSON _____RELATIONSHIP_____PH #(____)____-_____
Area Code Number

PARENT / LEGAL GUARDIAN (S) _____

PARENT/GUARDIAN *HOME* PHONE (_____)_____-_____ *WORK* (_____)_____-_____ *CELL*(____)_____-_____
Area Code Number Area Code Number Area Code Number

COUNSELOR'S SECTION:

Reminder – Freshman students are not eligible for the Senior For Credit Program.
Courses will be completed one at a time, but permission can be granted for more than one course on this form.

The following student, _____, has failed the below named course(s) and is approved to enroll in Project Encore.

1._____ 2._____

I have reviewed the Seniors for Credit information with the student and parent/guardian.
I agree to accept credit from Project Encore for the above classes.

Counselor/Principal Signature_____High School_____Date____/____/_____

**If the student has not failed the above named courses administration approval is needed _____ ___/___/___*
Principal/Superintendent Signature Date

STUDENT/PARENT SECTION:

I,_____ have read the information attached, agree to abide by the policies of Project Encore and follow the directions of the staff. I recognize that course grades are based on proficiency. ***THE FIRST SEMESTER DEADLINE IS THURSDAY, DECEMBER 17, 2009 AND THE SECOND SEMESTER FINAL DUE DATE IS THURSDAY, April 22, 2010. No Exceptions.***

PAYMENT INFORMATION: I further agree to pay $125 for each semester course ***prior*** *to beginning each course. I recognize that the $125 fee is* ***non-refundable****. Payment should be made at Project Encore using personal check, money order or cashiers check. (No cash will be accepted). Make checks payable to* ***South Central Kansas Education Service Center (SCKESC).***

Student Signature_____Printed Name_____Date ____/____/_____

Parent /Gurardian _____ ____Printed Name_____ Date____/____/_____

ENROLLMENT DATE_____/_____/_____ PAYMENT_____ RECEIPT #_____