

PROJECT ENCORE SUMMER SCHOOL ENROLLMENT FORM 2010

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

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

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

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

PARENT / LEGAL GUARDIAN (S) _____

PARENT/GUARDIAN HOMEPHONE (____) _____ - _____ WORK (____) _____ - _____ CELL(____) _____ - _____

COUNSELOR'S SECTION:

Courses will be completed one at a time, but permission can be granted for one or two courses on this form.

The following student, _____, is approved to enroll in Project Encore.

First Session at **Andover** _____ 6/1/10-6/17/10, 8:00 a.m. to 1 p.m., Monday thru Thursday.
(Course Name)

Second Session at **Rose Hill** _____ 6/21/10 to 7/8/10, 8:00 a.m. to 1 p. m., Monday thru Thursday.
(Course Name)

Third Session at **El Dorado** _____ 7/12/10 to 7/29/10, 8:00 a.m. to 1 p. m., Monday thru Thursday.
(Course Name)

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.

PAYMENT INFORMATION: I further agree to pay \$150 for each semester course at enrollment. I recognize that the \$150 fee is **non-refundable**. Payment should be made at Project Encore using cash, personal check, money order or cashiers check. Make checks payable to South Central Kansas Education Service Center (SCKESC). Project Encore reserves the right to cancel any summer school session due to lack of enrollment. Program participants will be notified and enrollment fees will be refunded.

Student Signature _____ Printed Name _____ Date ____/____/____

Parent /Guardian _____ Printed Name _____ Date ____/____/____

ENROLLMENT DATE ____/____/____ PAYMENT _____ RECEIPT # _____ Ck# _____