



SUMMER SCHOOL 2012 ENROLLMENT

PARENT/GUARDIAN

Name: _____
Last First

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email address: _____

BILLING ADDRESS (if different)

Name: _____
Last First

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email address: _____

Student(s) enrolling in Summer School (First Name / Last Name)	Grade 2012-13	Course (Math-Specify Semester)	Teacher Initial	Course Start Date	Tuition Fee
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SUMMER SCHOOL AGREEMENT

Parents: I give permission for my daughter/son to enroll in Bellevue Christian **Summer School** for the courses indicated.
 Students: I agree to abide by the guidelines listed in the Bellevue Christian School Parent-Student Handbook, complete assignments and be on time to all class sessions set by the instructor.

Payment Terms: Tuition due in full by June 19, 2012

 Parent/Guardian signature Date

 Student signature Date

Office Use:

Tuition Received: \$ _____

Date Received: _____

Check # _____