

PALISADES CHARTER HIGH SUMMER SCHOOL APPLICATION

Submit Application to Counseling Office for Enrollment

Name: _____
Last First Middle

Present Grade: _____ Email: _____
Student

Sex: Male / Female DOB: _____(MM) _____(DD) _____(YY)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Cell Phone #: _____

Parent/Guardian Information:

Full Name: _____
First Last

Email: _____
Parent

Full Name: _____
First Last

Email: _____
Parent

Home: _____ Work: _____ Cell: _____

Home: _____ Work: _____ Cell: _____

Counselor's Course Approval:

Counselor's Name: _____ Approved Course: _____

Eng 9A _____ Eng 11B _____ Alg 1B _____ W. Hist A _____ Econ _____

Eng 9B _____ Eng 11B _____ Alg 2A _____ W. Hist B _____ Bio A _____

Eng 10A _____ Alg B _____ Alg 2B _____ US Hist A _____ Bio B _____

Eng 10B _____ Alg C _____ Geo 1A _____ US Hist B _____

Eng 11A _____ Alg 1A _____ Geo 1B _____ Gov _____

Parent Signature

Student Signature

Parent Signature