



Date: _____

Summer School Enrollment Form

Student Information

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Date of Birth (MM/DD/YYYY): _____ Current Age: _____ Current Grade: _____

Gender: Male Female Contact Phone: _____

Counselor Information (Must be signed by your school counselor)

Name of current school: _____

Counselor name: _____

Classes needed (please specify whether 1st or 2nd semester is needed):

1): _____

2): _____

Counselor signature: _____ Phone: _____

We understand that it is our responsibility as the parent/student to verify with the current school that any summer school credits received from ThrivePoint High School will be accepted.

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian Information

Mother/Guardian's Information:

First Name: _____ Last Name: _____ Middle: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone _____ E-mail: _____

Place of Employment: _____ Work Phone: _____

Father/Guardian's Information:

First Name: _____ Last Name: _____ Middle: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone _____ E-mail: _____

Place of Employment: _____ Work Phone: _____

Who is/are the student's legal guardian(s)? _____

Who is the primary contact for the student? _____

Date of Birth _____ City/state of Birth _____