



Registration Form

Elmwood Park School District #401 Summer Academy 2011

REGISTRATION INFORMATION (Please Print)

STUDENT NAME: (Last, First) _____ BIRTH DATE ____/____/____

HOME STREET ADDRESS _____ VILLAGE _____ ZIP _____

PARENT/GUARDIAN NAME (Last, First) _____ (____)____-____ DAYTIME PHONE #

EMERGENCY CONTACT _____ (____)____-____ EMERGENCY PHONE #

SCHOOL INFORMATION

CURRENT SCHOOL ENROLLED _____ CURRENT GRADE LEVEL _____

COURSE INFORMATION ****early registration discounts are available until May 6th.****

COURSE NAME	DATE/TIME	TUITION
_____	_____	\$ _____
_____	_____	\$ _____
		TOTAL: \$ _____

_____ COUNSELOR APPROVAL (for HS classes only)

_____ READING TEACHER APPROVAL (Title One Classes only)

PAYMENT (PLEASE CHECK ONE)

_____ CHECK ENCLOSED _____ CHECK NUMBER

_____ CREDIT CARD _____ CARD NUMBER _____ SECURITY CODE _____ EXP. DATE

_____ CASH _____ AMOUNT

PARENT/GUARDIAN SIGNATURE _____
(signature is required for all payments)

****Final transcripts will be mailed to home school.**

TO SUBMIT REGISTRATION

Mail
Elmwood Park District Office
8201 W. Fullerton Ave.
Elmwood Park, IL 60707

By Appointment
708-583-5844