

Date

2020 HIGH SCHOOL SUMMER ACADEMY ENROLLMENT SHAWNEE MISSION SCHOOL DISTRICT

In District \$170, Art \$205; Out of District \$215 www.smsd.org/academics

For Counselor Use Only ELL MV MG SV Counselor Signature:

	_ast		First				SMSD Student ID#					
School Now Attending						2019-20 Grade	Birtho	late		_Gender: M_	F	
School Attending Next YearSchool Addre						ss if non-SMSD						
Race: White Black/African American Asian_				_ Native Ha	waiian/Pacif	ic Islander	_American Indian	/Alaskan Native	e Ethnicity: His	spanic? Yes_	No	
Primary Language Spoken Do you live in the S Course material in first/second session corresponds to first/second semester of regular school y												
									ired. Students may enrol WILL REMOVE STUD			
						FOR OFFICE USE ONLY						
<u>Session</u>	<u>Course #</u>		<u>1</u>	Name of Co	<u>urse</u>		Course Fee	Amount Received	Payment Type Auth./Ck. #	Received By	Date	
Checks payable to Shawnee Mission School District. Email fee payment receipt Non-District students must provide copy of IEP. Request Family Access Verified							TOTAL					
Current IEP? YES NO 504 Gifted SPED							FOR OFFICE USE ONLY Health Form Y N N/A KCI Form Y N N/A Supplemental tuition Auth./					
Guardian(s) Name 12						paid by other than parent \$Check #						
Address							Source of payment					
City/StateZip							Address	Address				
Please write clearly: Email Address(es)12						City/State	City/StateZip					
Primary Phone ()						Last day to switch sessions if space available – May 11 Last day for 1 st session refunds – May 11 NO refunds after this date.						
Guardian 1 Work () Cell ()						Last day for	Last day for 1 ^{or} session refunds – June 8 NO refunds after this date. Last day for 2 nd session refunds – June 8 NO refunds after this date. 20% cancellation fee for withdrawals • NO EXCEPTIONS • Non-district students may only enroll in PE courses.					
Guardian 2 Work () Cell ()												