

USD 501 Summer School
Student Application: In-District
www.hopestreetonline.org

NAME: _____ DATE REQUESTED: _____

DATE OF BIRTH: ____/____/____ GRADE: 9 10 11 12

USD 501 STUDENT ID #: _____

ADDRESS: _____ PHONE: _____

Student Email _____ Parent Email _____

SESSION(S): (Please circle): I (6/1/09-6/22/09) II (6/23/09-7/14/09)

COURSE(S) NEEDED:

COURSE 1. _____

Circle one: SEM 1 or SEM 2

THE ABOVE WILL RESULT IN BEING COUNTED AS ONE OF THE FOLLOWING:

GENERAL ELECTIVE OR SPECIFIC REQUIREMENT

(Example: Science, Math)

COURSE 2. _____

Circle one: SEM 1 or SEM 2

THE ABOVE WILL RESULT IN BEING COUNTED AS ONE OF THE FOLLOWING:

GENERAL ELECTIVE OR SPECIFIC REQUIREMENT

(Example: Science, Math)

COUNSELOR'S SIGNATURE: _____

HIGH SCHOOL: _____ DATE: _____

**There is a \$115 per course payment, which is due at the time of enrollment.*