

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

STUDENT INFORMATION

NAME: _____ DATE REQUESTED: _____

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

SS #: _____

ADDRESS: _____ PHONE: _____

Student Email _____ Parent Email _____

SESSION(S): (Please circle): **I** (5/31/11-6/20/11) **II** (6/21/11-7/12/11)

COURSE(S) NEEDED: 1. _____ 2. _____

Circle one for each course: **SEM 1 or SEM 2** **SEM 1 or SEM 2**

COUNSELOR'S SIGNATURE: _____

HIGH SCHOOL: _____

**There is a \$160 per course payment, which is due at the time of enrollment.*