

2009 SANFORD SUMMER SESSION APPLICATION FORM

Student's Name _____ Grade completed June 2009 _____

Mailing address _____

City _____ State _____ Zip Code _____

Parent/Guardian name _____

Home phone number _____ Other phone number(s) _____

For reports to be sent to student's school check here

School attended 2008/2009 _____

Check if this class is for original or make-up credit (complete *Credit Form*)

SUMMER COURSES DESIRED:

1. _____ Time _____ Course Amount \$ _____

2. _____ Time _____ Course Amount \$ _____

Summer Session may be combined with Sanford Day Camp.

Please call (302) 475-8013 for camp information and discounts.

Please indicate if student is also enrolled in Sanford Day Camp Yes No

To better facilitate your child's progress this summer, please let us know if there are learning issues about which our teachers should be aware. _____

Parent/Guardian signature _____ Date _____

A non-refundable deposit of \$50 must be enclosed. The remaining balance must be paid in full by Friday, June 16th for a student to enter class. If applying after June 16th, payment in full is due with application. Please see our website www.SanfordSchool.org for policies regarding attendance and registration.

Please complete and return with *Emergency Form* and *Credit Form* (if applicable) along with a check for the deposit or full payment endorsed to **Sanford School, Inc.**

Mail to: Todd Helmecki
 Sanford School
 P.O. Box 888
 Hockessin, DE 19707

Date Amt
