

# 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 16<sup>th</sup> for a student to enter class. If applying after June 16<sup>th</sup>, payment in full is due with application. Please see our website [www.SanfordSchool.org](http://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
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