



2021 HIGH SCHOOL SUMMER ACADEMY ENROLLMENT
SHAWNEE MISSION SCHOOL DISTRICT
 SMSD Students \$170, Art \$205 www.smsd.org/academics

For Counselor Use Only
 ELL MV MG SV
 Counselor Signature: _____

Date _____
 Student Name Last _____ First _____ SMSD Student ID# _____
 School **Now** _____ 2020-21
 Attending _____ Grade _____ Birthdate _____ Gender: M ___ F ___

Course material in first/second session corresponds to first/second semester of regular school year. Enroll in the appropriate session(s) depending on credit required. Students may enroll in one class per session. Core courses are for credit recovery only.

****PAYMENT IS REQUIRED AT TIME OF ENROLLMENT. PAYMENT NOT RECEIVED WITHIN 48 HOURS WILL REMOVE STUDENT FROM THE COURSE.****

Session	Course #	Name of Course	FOR OFFICE USE ONLY					
			Course Fee	Amount Received	Payment Type Auth./Ck. #	Received By	Date	
Checks payable to Shawnee Mission School District. _____			Email fee payment receipt _____		TOTAL			
Guardian(s) Name 1 _____ 2 _____ Address _____ City/State _____ Zip _____ <small>Please write clearly:</small> Email Address(es) 1 _____ 2 _____ Primary Phone (____) _____ Guardian 1 Work (____) _____ Cell (____) _____ Guardian 2 Work (____) _____ Cell (____) _____			FOR OFFICE USE ONLY Supplemental tuition _____ Auth./ paid by other than parent \$ _____ Check # _____ Source of payment _____ Address _____ City/State _____ Zip _____ Last day to switch sessions if space available – May 17 Last day for 1 st session refunds – May 17 NO refunds after this date. Last day for 2 nd session refunds – June 14 NO refunds after this date. 20% cancellation fee for withdrawals ■ NO EXCEPTIONS ■					