2021 SUMMER SCHOOL

VERIFICATION FORM

All students must complete a Registration Form. Students who register online will be prompted to complete the fillable Registration Form. Community Education will obtain approval for all In District Student Registration Forms. All Out of District Students are responsible to obtain approval from their School Counselor. If your form is incomplete or contains incorrect information, Novi Community Education is not responsible for incorrect placement or refunds. **Novi students are responsible for taking the correct courses by checking with their counselors and fulfilling all prerequisites prior to registering for summer school**. Out of District students may email their form to tatiana.vuichard@novik12.org or fax to 248-675-3435. All information and data is kept confidential and used solely for the summer school registration process. **All forms must be submitted to Community Education by Friday, June 11, 2021.**

Please print neatly and fill out every box to ensure simple and effective registration.

Student Name:	**Counselor Name** (Check One)**:** ☐ Boedeker ☐ Condon ☐ Kilgore ☐ Lephart ☐ Sergison ☐ Tobis ☐ Ultch ☐ Zelinski ☐ Out of District
Sex: **DOB:**	
Address: **City:** **Zip:**	
Parent/Guardian Name:	**Email Address:**
Primary Phone:	**Secondary Phone:**
Ethnicity (Check all that apply)**:** ☐ Hispanic/Latino ☐ American Indian or Alaska Native ☐ Asian American ☐ Black or African American ☐ Hawaiian or Pacific Islander ☐ White	
Place of Birth (City/State/Country):	
2020-21 Grade (Check One)**:** ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th	**School attending in Fall 2021:**
Tuition (Check One): ☐ $305 (In District) ☐ $335 (Out of District)	**Method of Payment** (Check One): ☐ Cash ☐ Check #_____ ☐ Credit Card
_____ Date: _____ *Parent/Guardian Signature*	

Out-of-District students **MUST** complete the registration form and have it signed by their counselor.

Class(es):	**Prerequisite(s):**	**Credit(s) for** (Check One):
_____	_____	_____Credit Recovery
_____	_____	_____Credit Advancement

Upon successful completion of course work and attendance, counselors and parents/guardians will be sent a transcript with verification of grade and credit.

_____ Phone:_____Date: _____
Counselor Signature

Send transcript to: _____
School Name

_____
Address