



2021 SUMMER SCHOOL REGISTRATION FORM

All students must complete a Registration Form. Registration Form must be printed, completed and submitted to Novi Community Education. If your form is incomplete or contains incorrect information, Novi Community Education is not responsible for incorrect placement or refunds. All students are responsible for taking the correct courses by checking with their counselors and fulfilling all prerequisites prior to registering for summer school. All students may email their form to communityedncsd@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 Novi 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): <input type="checkbox"/> Boedeker <input type="checkbox"/> Condon <input type="checkbox"/> Kilgore <input type="checkbox"/> Lephart <input type="checkbox"/> Sergison <input type="checkbox"/> Tobis <input type="checkbox"/> Ultch <input type="checkbox"/> Zelinski <input type="checkbox"/> Out of District	
Sex:	DOB:		
Address:		City:	Zip:
Parent/Guardian Name:		Email Address:	
Primary Phone:		Secondary Phone:	
Ethnicity (Check all that apply): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White			
Place of Birth (City/State/Country):			
2020-21 Grade (Check One): <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th		School attending in Fall 2021:	
Tuition (Check One): <input type="checkbox"/> \$305 (In District) <input type="checkbox"/> \$335 (Out of District)		Method of Payment (Check One): <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card	
_____ <i>Parent/Guardian Signature</i>			Date: _____

Class(es):	Prerequisite(s):	Credit(s) for (Check One):
_____	_____	_____ Credit Advancement
_____	_____	_____ Credit Recovery
<p>Upon successful completion of course work and attendance, counselors and parents/guardians will be sent a transcript with verification of grade and credit.</p> <p>Send transcript to:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>School Name</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Address</i></p>		