



# Summer Business Experience

## Cor Jesu Academy

JUNE 3-7, 2024

## Registration Form

### Contact Information

Name:	Graduation Year:
Street:	City/State:
Zip Code:	Parent Cell Phone:
Preferred Parent Email:	Dietary Restrictions:

### Explanation

Below, please explain why you are interested in participating in SBE and what you hope to gain during the week. You may attach an additional piece of paper, if necessary.

### Deadline

This application must be completed and submitted *with signed permission slip* (available at [www.corjesu.org/CPI](http://www.corjesu.org/CPI)) to the Cor Jesu Main Office by: **Feb. 23, 2024**.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Student Name (printed)	
Student Signature	
Parent Name (printed)	
Parent Signature	
Date	

*Note: Maximum capacity is 20 students. Registrations from qualified applicants must include a signed permission slip and will be accepted on a first come, first served basis.*