

PM ACADEMY PROGRAM
2007-2008 REGISTRATION FORM

Last Name _____ First Name _____ ID# _____

Address _____ City _____ Zip _____

Parent/Guardian _____ Home Phone _____
Father Mother

Father's Place of Employment _____ Work Phone _____

Mother's Place of Employment _____ Work Phone _____

THIS PART TO BE COMPLETED BY YOUR 2007-2008 SCHOOL COUNSELOR

Student:	Last Name _____	First Name _____	Student ID# _____
	Course _____		Course Number _____
	Home Campus _____		Counselor Signature _____
Please Circle:	Cycle 1 Cycle 2 Cycle 3		_____/_____/_____ Date

APPROVAL OF COUNSELOR IS REQUIRED

Office Use Only

Registration Fee: _____ Money Order _____ Date Received ____/____/____

Please read the following carefully. If you are under 18, both parent and student signatures are required.

- I understand that payment in full is expected at the time of registration and that no refunds will be given once registration takes place.
- It becomes the responsibility of the student to attend the classes and finish the course by the end of the eight-week period.
- Credit will only be awarded upon successful completion of the course requirements.
- Students will adhere to the MISD student code of conduct with the understanding that they may be removed from the program for disciplinary infractions, forfeiting their registration fee.

Parent signature: _____ Student signature: _____