

**MISD ONLINE CREDIT RECOVERY
PM ACADEMY PROGRAM**

FALL 2009 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 2009-2010 SCHOOL COUNSELOR

| | |
|--|---------------------------|
| Student: Last Name _____ First Name _____ | Student ID# _____ |
| Course _____ | Course Number _____ |
| Home Campus _____ | Counselor Signature _____ |
| Please Circle: September 14 – October 20, 2009 | _____/_____/_____ 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 Orientation on Monday, Sept 14, 2009 and finish the course by Tuesday, October 20, 2009.
- 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: _____