



**Application for Enrollment  
Eagle Summer Program '08  
Education, Activities, Goals, Leadership, Excellence**

Please check program you are registering for:

- \_\_\_\_\_ K-2 (Reading/Math)
- \_\_\_\_\_ 3-5 (Reading/Math)
- \_\_\_\_\_ 6-8 (Reading/Math)
- \_\_\_\_\_ 9-11 WASL Prep

**WASL Prep (10<sup>th</sup>)**

- \_\_\_\_\_ Math Module
- \_\_\_\_\_ Writing Module
- \_\_\_\_\_ Reading Module

Student Name: \_\_\_\_\_ Grade (07-08): \_\_\_\_\_ School: \_\_\_\_\_

Legal Name (if different): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Phone Numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_  
 Unlisted? Y N      Unlisted? Y N      Unlisted? Y N      Unlisted? Y N

**Household Information**

Parent(s): \_\_\_\_\_ Parent e-mail address: \_\_\_\_\_

Street Address, City, ST, Zip: \_\_\_\_\_

Relation to Child:      Parent      Step      Foster      Other \_\_\_\_\_      Phone: \_\_\_\_\_

Student Resides In This Household?    Y    N      If Yes: Full Time    Part Time

**Household 2 Information (if applicable)**

Parent(s): \_\_\_\_\_ Parent e-mail address: \_\_\_\_\_

St Address, City, ST, Zip: \_\_\_\_\_

Relation to Child: Natural Parent      Step      Foster      Other \_\_\_\_\_      Phone: \_\_\_\_\_

Student Resides In This Household?    Y    N      If Yes: Full Time    Part Time

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daycare Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## E.A.G.L.E. Summer Program Application for Enrollment

### Emergency and Health Information

Doctor: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Please list any health concerns, allergies, or issues: \_\_\_\_\_

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In case of emergency, I authorize the Nine Mile Falls School District to release my child to the people listed below:

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### Agreements:

Please list any siblings attending Summer E.A.G.L.E Program this year: \_\_\_\_\_

I authorize this child to participate in field trips conducted under the direction of the Nine Mile Falls School District:  
 Yes  No

I authorize emergency treatment of this child by the physician named above or staff of any hospital emergency room. This authorization includes, if necessary, transportation by ambulance or district-approved vehicles, anesthesia, medication, and surgery.  
 Yes  No

I understand that E.A.G.L.E. Summer Program and WASL Prep are designed for students who need extra time and support to meet standards in math, reading, and/or writing and are enrolled in Nine Mile Falls School District. I understand this application does not guarantee enrollment into E.A.G.L.E. Summer Program.

The E.A.G.L.E. '08 session runs Monday – Thursday, June 30<sup>th</sup> – July 31<sup>st</sup>, from 8:30 a.m. to 12:00. The WASL re-test window is August 11<sup>th</sup> – 15<sup>th</sup>.

**Payment Information:** Please make checks payable to Nine Mile Falls School District. Early bird registration fee: \$50.00 if registered by June 9<sup>th</sup>; \$75.00 after June 9<sup>th</sup> up until the first day of summer school on June 30<sup>th</sup>.

Parent/Legal Guardian Signature: \_\_\_\_\_

### Staff Use Only:

Date Received: \_\_\_\_\_ Name: \_\_\_\_\_