VASHON ISLAND SCHOOL DISTRICT NO 402

2005 SUMMER ADVENTURE/SUCCESS ACADEMY REGISTRATION

Program Desired: _____ **Grade (2004-2005 School Year)**_____

Student Name: _____/_____**Date of Birth:** ___/___/___

School Attended in 2004-2005:_____

Parent/Guardian Name: _____

Home Phone:_____**Cell Phone:**_____**Work Phone:**_____

Address: _____ **City** _____ **Zip** _____

Physician: _____ **Phone:** _____

Health Concerns/Needs: _____

_____

On-Island Emergency Contact Person if parent/guardian cannot be reached:

_____

Emergency Contact Person Phone Number: _____

Special Education Student: **Yes** ☐ **No** ☐

Course Number _____ **Class** _____

Classes taken for high school credit require counselor or administrator approval below.

_____	_____	_____	_____
Counselor/Admin. Name	**Title**	**Counselor/Admin. Signature**	**Date**

Enclosed fee: ☐ **$150.00 Course Fee** ☐ **Apply for Partial Scholarship (up to $100.00 granted)**

Please make check or money order payable to Vashon Island School District. **Registration without payment will not ensure student placement in program.

Mail to: **Vashon Island School District**
Attn: Summer School
18850 103rd Ave SW
Vashon WA 98070
Fax: (206) 463-6262