

**Manchester Academy Summer Program  
2017 Registration**

Please print all information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Circle One: Male Female

Are you a student with an identified disability? Yes / No IEP? Yes / No

Are you (or will you be) a high school graduate? \_\_\_\_\_

Grade 2016/2017: \_\_\_\_\_

Home Address:  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Current School and Address:  
\_\_\_\_\_

Parent (Guardian) Name 1: \_\_\_\_\_ Daytime Phone:  
\_\_\_\_\_

Parent (Guardian) Name 2: \_\_\_\_\_ Daytime Phone:  
\_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

\*Students with disabilities must attach a copy of their most recent IEP or 504 plan used during the 16-17 school year.

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Please write your course selections below. Please list additional alternate courses in order to help ensure enrollment.

	Course Title	Credit/Enrichment
Course 1:	_____	_____

Course 2:  
\_\_\_\_\_

First Alternate:  
\_\_\_\_\_

Second Alternate:  
\_\_\_\_\_

Students must have approval of their home school in order to enroll in summer school. Your guidance counselor or principal must sign below indicating home school approval for course enrollment.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Fees must be paid prior to the first day of attendance. Fees must be paid by cash, money order or bank check. Bank checks and money orders must be made payable to: Manchester School District

\$150.00/course - In District Students and \$170.00/course - Out of District

Mail Registration forms to:

Manchester West High School  
Attn: Alisha Hansen-Proulx, Manchester Academy Director  
9 Notre Dame Ave.  
Manchester, NH 03102

Registration can also be done in person:

Monday 7/19 9:30 am-12pm  
West High School  
9 Notre Dame Ave.  
Manchester NH 03102

For more information or any questions, please call the director of Manchester Academy Summer Programming: Ms. Hansen-Proulx at 603-624-6356, ext. 1211. You can also email at [aproulx@mansd.org](mailto:aproulx@mansd.org)

**FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE:**

Course(s) enrolled: \_\_\_\_\_  
\_\_\_\_\_

Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash/Money Order/Bank Check

Special Education: \_\_\_\_\_ Plan Attached? Yes/No

Section 504: \_\_\_\_\_ Plan Attached? Yes/No

Additional Notes/Comments:

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