

# Morningside Academy Application

STUDENT NAME :

Grade just completed in 2011-2012

Age:

Date of Birth:

2011-2012 School Name:

Parent / Guardian Name:

Street Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

email:

## Program Interest



Please select ONE skill area most needing improvement:

Reading    Writing    Math    Content Course Prep

Please select second area if attending full day:

Reading    Writing    Math    Content Course Prep

We are also interested in before and after school Leisure Activities

Students 12 and under    Students 13 and older

Please select the time of day you wish to attend:

AM (9:30-12:15)

PM (1:00-3:45)

All Day

Please select your sessions:

July 9-13

July 16-20

July 23-27

July 30-Aug 3

All Four Sessions

## Session Schedule



PLACEMENT TESTING SESSION (Choose one).

Grades 1-2 9:30 am - 1:30 pm

Grades 3-10 9:30 am - 3:00 pm

Saturday, May 5

Saturday, May 12

Friday, June 22

*Bring a sack lunch.*

## QUESTIONS?

Please call us at (206) 709-9500

or you can e-mail us at: [info@morningsideacademy.org](mailto:info@morningsideacademy.org)

Visit us online at: [www.morningsideacademy.org](http://www.morningsideacademy.org)

Please mail in this form

with deposit/tuition to:

MORNINGSIDE ACADEMY SUMMER SCHOOL

201 Westlake Ave. North

Seattle, WA 98109

