Morningside Academy Application

STUDENT NAME :

Grade just completed in 2009-2010: **Age:** **Date of Birth:**

2009-2010 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

Select second area if attending full day:

☐ Reading ☐ Writing ☐ Math ☐ Content Course Prep

We are interested in before and after school Leisure Activities

☐ Students 12 and under ☐ Students 13 and older

Session Schedule

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 6-9 ☐ July 12-16
☐ July 19-23 ☐ July 26-30
☐ All Four Sessions

Placement Assessment Session (Choose one): **Bring a sack lunch.**

Grades K-2 9:30 am - 1:30 pm **Grades 3-10** 9:30 am - 3:00 pm

☐ Saturday, May 15 ☐ Saturday, June 5 ☐ Thursday, June 17

QUESTIONS?
Please call us at (206) 709-9500
or you can e-mail us at: info@morningsideacademy.org
Visit us online at: www.morningsideacademy.org

Please mail in this Registration form with deposit/tuition to:
MORNINGSIDE ACADEMY
201 Westlake Ave. North Seattle, WA 98109

Nonrefundable deposit will reserve your space!