

**2009 NovaNet Summer School  
Athens Drive High School  
1420 Athens Drive  
Raleigh, NC 27606  
919-233-4050**

**\*\*\*Please note that submitting this form does not guarantee a seat in Summer School. You will be notified by Ms. Vann no later than June 17, 2009, if you have been accepted to attend NovaNet Summer School.**

**STUDENT INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_ zip code \_\_\_\_\_

Home phone \_\_\_\_\_ emergency phone \_\_\_\_\_

NC WISE ID # \_\_\_\_\_

Base School \_\_\_\_\_ Base School # \_\_\_\_\_

Grade enrolled during 2008-2009 \_\_\_\_\_

What year should you graduate?  2009  2010  Other \_\_\_\_\_

What course do you wish to take? \_\_\_\_\_

Course # \_\_\_\_\_ Repeat \_\_\_ Yes \_\_\_ No

**Allergies / Medical conditions:** \_\_\_\_\_

**EMERGENCY INFORMATION:**

**Contact name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Telephone number** \_\_\_\_\_

**Parent/guardian Signature** \_\_\_\_\_

What transportation will the student be using?

- Carpool
- Personal vehicle:

What is the make & model car? \_\_\_\_\_

What is the license number? \_\_\_\_\_

<p><b>Official Use Only</b> - Counselor must sign and approve course selection.</p> <p>Course Approved: _____</p> <p>Counselor's Signature: _____ Date: _____</p>
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