

# Academy of Choice Night School

## Student Enrollment Form

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Home Campus: \_\_\_\_\_ Grade Level \_\_\_\_\_ Network ID \_\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Student **PERSONAL** contact info: Cell \_\_\_\_\_ Home: \_\_\_\_\_  
 Best person to contact as an alternate to the student:

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_ Phone : \_\_\_\_\_

**Student MUST complete Night School Questionnaire below (Initial each statement) prior to submission of this application.**

\_\_\_\_\_ I understand that by enrolling in night school, I am obligating myself to attend classes at the Academy of Choice after three o'clock in the afternoon, at a time decided by my night school teacher **a minimum of 4 hours per week.**

\_\_\_\_\_ I understand that attending night school is a way for me to recover credit for a class OR to gain original credit and is not **EASIER or LESS WORK** than a traditional class at my home campus!

\_\_\_\_\_ I understand that it is **MY OBLIGATION** to let my teacher know if I will not be in class due to an emergency.

\_\_\_\_\_ I understand that if my teacher does not hear from me for 5 school days, I will be dropped from the class and my counselor will be notified.

\_\_\_\_\_ I have reviewed the information at the top of this application and I certify that it is all true and correct.

| Tentative schedule for attending Night School (Min. 4 hrs./week) Enter time below. |         |           |          |           |
|--|---------|-----------|----------|-----------|
| Monday   | Tuesday | Wednesday | Thursday | Initials: |
|  |         |           |          |           |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Course Election:

Course : \_\_\_\_\_ Section: \_\_\_\_\_ Credit Type \_\_\_\_\_  
(A or B) Original or Recovery

Description: \_\_\_\_\_

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PEIMS # \_\_\_\_\_ SBISD Section Code: \_\_\_\_\_ GPA/Non \_\_\_\_\_  
i.e. 03340100 i.e. SS112A i.e. NonGPA

Special Services needed \_\_\_\_\_ 504 \_\_\_\_\_ SPED \_\_\_\_\_ LEP \_\_\_\_\_ G/T

Counselor Printed Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_  
(mm/dd/yy)

I have notified this student of the requirements listed on the reverse for night school enrollment. The student understands that they need to check in to the night school/AOC school attendance office before 5:30 PM any day Monday through Thursday in order to start attending classes. The student understands that if they do not fulfill the requirement to check in at the main office within FIVE school days from this date, they will be dropped from night school and will have to re-enroll. At that time, their application may or may not be accepted.

Counselor signature: \_\_\_\_\_ Date: \_\_\_\_\_