



Parent Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address(es): _____

Student Full Name: _____ Grade _____

Parent Signature: _____ Date: _____

My student is selecting classes for: _____ Jr/Sr High (Howard City) OR _____ Elementary (Newaygo)
This application is for the: _____ Fall Semester OR _____ Spring Semester

CLASS SELECTION - Choices are Online; Fill in Class Name

Hour 1 Class Choice | 9:30 to 10:45: _____ Add'l Fee (if any): \$ _____

Hour 2 Class Choice | 11:00 to 12:15: _____ Add'l Fee (if any): \$ _____

Hour 3 Class Choice | 12:45 to 2:00: _____ Add'l Fee (if any): \$ _____

Hour 4 Class Choice | 2:15 to 3:30: _____ Add'l Fee (if any): \$ _____

Total of Fees Due, based upon course choices: \$ _____

(For NDA students, these classes are included in your tuition, except additional class fees on select courses)

Payment Options - Select One:

_____ My student selected classes that don't include fees.

_____ I am enclosing payment in full with this selection form for the fee(s) for classes my student selected above.

_____ I am sending a \$100 downpayment on my student's fees this semester. I will pay the balance owed for these fees along with my August 29th payment.

Cancellation or Dropped Class Policy:

- I understand that some classes may be cancelled if class enrollment does not meet minimums established as appropriate to that class.
- If a class is cancelled, students will be able to enroll in another class during that period.
- If a student would like to drop a class and move to another, they must speak to the original class teacher within the first two weeks of the class meeting, and arrangements will be made to move to another class.
- After two weeks, should a student not want to continue with the class, they will be able to pass the class as a study hall at the discretion of school leadership.
- Refunding of fees paid for classes dropped are solely at the discretion of the school, based upon factors that vary class to class.

Office Use Only: Enrollment Date: _____ Check #: _____ Amount: _____