

OFFICE USE ONLY
TYPE OF STUDENT

- EXTENDED DAY
- NIGHT SCHOOL ONLY
- FLEX
- OUT OF DISTRICT
- 21 OR OVER

Qtr 1 Qtr 2
 Qtr 3 Qtr 4



BOISE EVENING SCHOOL

Located at Frank Church High School
 Boise Independent School District #1
 8051 W. Salt Creek Ct. • Boise, Idaho • 83709
 PHONE: (208)854-6700 • FAX: (208)854-5676
www.boiseschools.org/schools/bes.html

2009-2010

STUDENT REGISTRATION

OFFICE USE ONLY

REGISTRATION _____
 RECEIPT # _____
 Q1 FEES _____
 Q2 FEES _____
 Q3 FEES _____
 Q4 FEES _____

LAST NAME _____ FIRST NAME & INITIAL _____ MAIDEN NAME _____

GRADE LEVEL: 9 10 11 12 SEX M F WILL YOU GRADUATE *THIS SEMESTER?* (46 credits): Yes No

ETHNIC GROUP: _____ BIRTHDATE: _____ CURRENT/PREVIOUS SCHOOL _____

NAME OF EMERGENCY CONTACT: _____ PHONE: _____

PARENT/GUARDIAN: _____ HOME PHONE: (208) _____

STUDENT ADDRESS: _____ CITY & STATE ZIP _____

PARENT ADDRESS (If Different) _____ CITY & STATE ZIP _____

MOTHER'S FIRST & LAST NAMES: _____

FATHER'S FIRST & LAST NAMES: _____

Have you previously attended Boise Evening School? Yes No Year/Month Attended: _____

IMMUNIZATION RECORDS ARE NEEDED FOR ALL STUDENTS UNDER THE AGE OF 21 UNLESS THEY ARE RECORDED AT A PREVIOUS IN-DISTRICT DAY SCHOOL.

Extended day school student must work through their day school counselor when choosing evening school courses. Students are limited to one class per nine weeks. Exceptions are made by special permission from the day school counselor and the parent. Cost is **\$85.00 (in-district)** and **\$95.00 (out-of-district)** per class plus a **one-time non-refundable \$30.00 registration fee.**

Fee must be paid by check or money order, payable to the **BOISE EVENING SCHOOL**. **FULL PAYMENT MUST ACCOMPANY THIS APPLICATION.** A written, dated request is required for a tuition refund. Full Refunds will be available prior to the first day of classes. No refunds will be made after the first week of class. **All students, regardless of any tuition waivers, are required to pay the one time registration fee of \$30.00 per academic year.**

TUITION WAIVER QUESTIONNAIRE

(ONLY FOR STUDENTS WHO ARE UNDER THE AGE OF 21)

PLEASE INITIAL AS MANY OF THE FOLLOWING CRITERIA THAT APPLY TO THE STUDENT:

-THIS SECTION MUST BE FILLED OUT AND SIGNED BY COUNSELOR-

- | | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| _____ Has repeated at least one grade. | _____ Has substance-abuse behavior. |
| _____ Had absenteeism greater than 10% during the preceding semester. | _____ Is an emancipated youth (has not resided with parents or guardian for 30 days or more). |
| _____ Had an overall GPA of less than 1.5 prior to | _____ Is a previous dropout, either voluntary or involuntary |
| _____ Has failed one or more academic subjects. | _____ Has serious personal, emotional, or medical problems |
| _____ Is two or more semester credits per year behind the rate required to graduate | _____ Is a court or agency referral |
| _____ Student does NOT currently qualify for tuition waiver | _____ Upon recommendation of the school district as determined by locally developed criteria for disruptive student behavior |
| | _____ Is pregnant or is a parent. |

Signatures Required:

Parent

Counselor