



Permission to Enroll Form

For day school students wishing to register for adult education courses.

Please return to Paul Elisha, Academic Counselor: Merrymeeting Adult Education
35 Republic Ave, Topsham, Maine 04086 Telephone: 729-7323 FAX: 729-5609

Today's Date: _____ Date of Birth: _____
Student's Name: _____ Age: _____
Address: _____ Town: _____
Home Phone: _____ Cell Phone: _____

1. Adult Education course title/s Start date
 a. _____
 b. _____

2. Circle semester:
 Summer _____
 Fall _____
 Winter/Spring _____

3. Indicate grade:
 Grade _____
 Other _____

4. Circle school attending:
 Mt. Ararat High School _____
 Brunswick High School _____
 Other _____

5. Circle reason for needing course:
 Needs credit to graduate _____
 Other _____

6. In this space please provide any information regarding medical issues or learning difficulties that the instructor should be made aware of:

7. Authorization Signatures:
 Student Agreement:
 a. Attendance in adult diploma program classes is mandatory. Full credit may not be awarded if more than 2 class sessions are missed.
 b. Individuals interfering in class instruction will not be allowed to participate in the program. Students will be required to maintain acceptable standards of speech and behavior.

Student Signature: _____ Parent/Guardian: _____

High School Principal _____ Adult Education Director _____

Guidance Counselor _____ Dept. Head if applicable _____

Superintendent of Schools _____ School Board Approval _____

