

**CENTENNIAL, CENTRAL BUCKS, COUNCIL ROCK, NEW HOPE ACADEMIC SUMMER SCHOOL CONSORTIUM
MIDDLE BUCKS INSTITUTE OF TECHNOLOGY 2010**

Please mail checks or money orders to: MBIT Summer School, 16 Welden Drive, Doylestown, Pa 18901

Students Name _____ School District _____

Home School (2009-2010) _____

Address of Home school (if not Consortium school) _____

Grade currently enrolled in _____ (2009-2010)

Street Address _____ Apt _____ City _____ Zip code _____

Parent's Name _____ Home Phone _____ Cell Phone _____

Mother's Work Phone # _____ Father's Work Phone # _____

Email Address _____

SESSION	NAME OF COURSE NOT COMPLETED SUCCESSFULLY DURING THE SCHOOL YEAR – EXAMPLE-BIOLOGY	NAME OF MBIT COURSE	MBIT COURSE NUMBER	FEE
Session 1 Remedial			# 17	Fee \$-
Session 2 Remedial			# 17	Fee \$-
Session 3 Enrichment			# 17	Fee \$-
Virtual Course Remedial			# 17	Fee \$-
Virtual Course Remedial			# 17	Fee \$-

Visa _____ MasterCard _____ Amex _____ Discover _____ Total \$ _____

C.C. Number _____ Exp. Date _____

Signature _____

Check enclosed \$ _____ Please make Payable to: **MBIT Summer School**