

**HITS Post Time Farm
Education Station
P.O. Box 342
Mahopac, NY 10541**

2008 APPLICATION FOR ENROLLMENT

HITS I
1/21-1/24

HITS II
1/28-1/31

HITS III
2/4-2/7

HITS IV
2/11-2/14

HITS V
2/18-2/21

HITS VI
2/25-2/28

HITS VII
3/3-3/6

HITS VIII
3/10-3/13

Student Name: _____

Grade: _____

Address: _____

Birthdate: _____

City/State/Zip: _____

Phone 1: _____

Parent Names: _____

Phone 2: _____

Email: _____

Fax: _____

Allergies or Physical Limitations: _____

All of the following information must be filled out. Please obtain it from your child's home school. We need it to communicate with the school.

School Name: _____

Phone 1: _____

School Contact: _____

Phone 2: _____

Address: _____

Fax: _____

City/State/Zip: _____

Email: _____

Anticipated Subjects to be covered (Middle School and High School students only). Please be specific with level and the name of the course.

<u>Subject:</u>	<u>Level:</u>	<u>Teacher</u>