

Columbia Union Office of Education & Griggs International Academy

APPLICATION FOR PILOT PROGRAM

2010-2011 SCHOOL YEAR

SCHOOL NAME		
SCHOOL ADDRESS		
CITY	STATE	ZIP
PRINCIPAL'S NAME		
PRINCIPAL'S PHONE NUMBER	PRINCIPAL'S E-MAIL	
PROGRAM COORDINATOR'S NAME (IF NOT PRINCIPAL)		
PROGRAM COORDINATOR'S PHONE NUMBER	PROGRAM COORDINATOR'S E-MAIL	
NUMBER OF STUDENTS IN PROGRAM	PROGRAM FEE	COST OF SUPPLIES
COURSES NEEDED	1.	
	2.	
	3.	
	4.	
	5.	
CONFERENCE NAME		
CONFERENCE SUPERINTENDANT'S SIGNATURE		
COLUMBIA UNION OFFICE OF EDUCATION OFFICE USE ONLY		
APPLICATION REVIEWED (MM / DD / YYYY)	REQUEST:	APPROVED DENIED
COMMENTS		
SIGNATURE OF CUOE OFFICIAL		
PRINTED NAME OF CUOE OFFICIAL		

RETURN COMPLETED FORM TO:

Columbia Union Office of Education, 5427 Twin Knolls Road, Columbia, MD 21045

Columbia Union Office of Education & Griggs International Academy

ENROLLMENT INFORMATION

PLEASE TYPE OR PRINT

SCHOOL NAME			
PRINCIPAL'S NAME			
STUDENT NAMES			
	LAST NAME	FIRST NAME, MIDDLE INITIAL	DATE OF BIRTH mm / dd / yyyy
1.			
2.			
3.			
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20.			

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