



EXHIBIT 6.9

HS/HT Enrollment Form

Student Name: _____ Date: _____

Complete Address: _____

Phone Number: _____ E-mail: _____

Gender: (circle one) MALE FEMALE Age: _____

Grade: _____ GPA: _____

High School: _____

Guidance Counselor: _____

Year of Graduation (circle one): 2003 2004 2005 2006

I have (circle one): an IEP a 504 Plan

Parent information _____

Name: _____

Complete address: _____

Phone (home): _____ (work) _____

E-mail: _____

Permission

I have chosen to participate in all program activities of High School/High Tech, including field trips.

Student Signature: _____ Date: _____

I hereby approve of this student's participation in all program activities of HS/HT, including field trips, and will not hold HS/HT, or any persons connected with the activities, liable in case of an accident.

Parent Signature: _____ Date: _____

Adapted from the Florida HS/HT Summer Internship Manual