

Columbia Union Office of Education & Griggs International Academy

APPLICATION FOR PILOT PROGRAM

2009-2010 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 THE 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.			
4.			
5.			
6.			
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20.			

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