



MIE STEM Learning Center Course Application

Student Name _____

Address _____

Telephone _____

Parent/Guardian Name _____

Email _____

Current School Attending: _____ Grade: _____ Age: _____

Course: _____ Session: _____

Parent Signature: _____

Courses must meet the minimum number of required students to be offered. If the course is cancelled, parents will be notified via email with all fees refunded.

Students will be expected to maintain appropriate classroom behavior. Any student that continues to interrupt the learning of other students will be withdrawn from the course.

Teacher Notes / Office use only: _____
