



**Challenge School**  
**Summer School Application**

Student's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Present School \_\_\_\_\_ Grade Level \_\_\_\_\_

School District \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_

Who told you about Challenge School? \_\_\_\_\_

Food Allergies \_\_\_\_\_

\_\_\_\_\_ None \_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_ None \_\_\_\_\_

Please include the following with this application:

1. Most recent assessments or evaluations
2. Most recent Individual Educational Plan (IEP) if available
3. Application Fee: \$175 (non-refundable and applicable to tuition)

Return the application, signed release and deposit to:

Challenge School  
C/O Morrissey-Compton Educational Center  
2555 Park Boulevard, Suite One  
Palo Alto, CA 94306  
(650) 322-5910

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

<input type="checkbox"/>	My child is new to Challenge Summer School and will need to be interviewed
<input type="checkbox"/>	My child is returning but would like to be interviewed for the Executive Functioning/ADHD Curriculum
<input type="checkbox"/>	My child is returning and would like to remain in the traditional Challenge Curriculum (no interview necessary)
<input type="checkbox"/>	My child is returning and would like to remain in the ADHD/EF Curriculum (no interview necessary)

If you would like to apply for financial aid, please download the application from our website and return to Attn: Taylor Stilwell