

Alternative Learning Lane

Summer School/Credit Recovery Registration



Name: _____

Address: _____

Grade Level: _____

School Name: _____

School Administrator: _____

Billing Party Name: _____

Billing Party Address: _____

Class/Core Subject (s) Needed: _____

Authorized Signature (Administrator)

Date

Please print this application, complete and return by mail to the:

Alternative Learning Lane
P.O. Box 299
Ogallala, NE 69153

Questions? Contact us at (308) 284-9811 or by email at all@megavision.com.