

# 2010 HIGH SCHOOL SUMMER SCHOOL REGISTRATION FORM

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Male  Female

Grade Completed (09-10) \_\_\_\_\_ Current school \_\_\_\_\_

School address \_\_\_\_\_

The following classes are needed \_\_\_\_\_

Repeat  Audit

Have an IEP or a 504? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please attach IEP or Plan*

Parent/guardian \_\_\_\_\_ Parent/guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to contact in case of Emergency

\_\_\_\_\_  
Name Relationship Telephone

Require any medical treatment or medication to be administered during Summer School?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify treatments, medications, or other health concerns:

\_\_\_\_\_  
\_\_\_\_\_

Car Registration Information (*Please fill out this section if you will be driving a car to school.*)

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate Number \_\_\_\_\_

## FOR OFFICE USE ONLY:

Date received \_\_\_\_\_  Wait list  Paid in full  Withdrew  Canceled

Bank check# \_\_\_\_\_ Money Order# \_\_\_\_\_ Cash \_\_\_\_\_

Amount \_\_\_\_\_ Amount \_\_\_\_\_

Gear up \_\_\_\_\_ WIA \_\_\_\_\_

