Office use only:

BOE Receipt: # _____

Amount Paid _____

Date Paid _____

Refunded Amount _____

Payment Location _____

MES/Upward Bound/Trio _____

Where Enrolling: _____

Student ID: _____

WICHITA PUBLIC SCHOOLS

Summer School

High School
June 3- June 20

Enrollment Form

Please print student's name and personal information clearly. In case of illness or emergency, we **must** have a daytime phone number.

2018-2019 School

Summer School Site

DOB _____ 2018-2019 Grade: 08 09 10 11 12 Sex _____M _____F Race _____

First Name _____ Last Name _____

Address _____ City _____

Zip Code _____ e-mail address _____

Parent/Guardian _____ Home Phone _____ Day Phone _____

Emergency Name _____ Phone _____ Relationship _____

Emergency Name _____ Phone _____ Relationship _____

Hospital Preference _____ Pupil's Physician _____ Phone _____

Course Name	Course Number	Fee plus TBR
COURSE NAME	**COURSE NUMBER**	**PER COURSE**
AM Session		$
PM Session		

❑ REPEAT or ❑ ORIGINAL CREDIT

Counselor Approval (transcript must be attached with class highlighted) ❑ _____ **Total Fees** $_____

ADDITIONAL INFORMATION

Does your student have a significant physical condition or health concern?

O Diabetes O Epilepsy O Asthma O Allergy O Other _____
(talk to current school nurse about continuing this care)

Are medications required to be administered during the instructional time?

O Yes O No

Is a language other than English spoken as the primary language in the house?

O Yes O No If yes, specify language _____

Is your student receiving any special services or programs with Special Education?

O Yes O No If yes, specify program _____

I have read all Summer School expectations and requirements listed in the Summer School brochure (please sign below)

_____ **(Student's signature)** _____ **(Parent's signature)**

The Wichita Public Schools does not discriminate on the basis of race, color, national origin, sex, handicap / disability, religion, or age as to treatment of students in programs and as to employment. Persons having inquiries concerning the District's compliance with Title VI, Title IX, Section 504, Americans with Disabilities Act, the Age Discrimination Act may contact the school district's ADA and Section 504 Coordinator, 201 N. Water, Wichita, KS 67202, (316) 973-4420.

Revised: April 2019