



High School Summer School

Please print clearly. In case of illness or emergency, we **must** have a daytime phone number.

June 5 - June 22

Enrollment Form

2022-2023 School

Summer School Site

Student ID: _____

2022-2023 Grade: 08 09 10 11 12

Home Language _____

First Name _____

Last Name _____

Address _____

City _____

Zip Code _____ Parent 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
AM Session _____	_____
PM Session _____	_____

REPEAT or ORIGINAL CREDIT

Counselor Approval (transcript must be attached with class highlighted)

ADDITIONAL INFORMATION

Does your student have a significant physical condition or health concern?
 Diabetes Epilepsy Asthma Allergy Other _____
 (talk to current school nurse about continuing this care)

Are medications required to be administered during the instructional time?
 Yes No

Is your student receiving any special services or programs with Special Education?
 Yes No If yes, specify program _____

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

(Student Signature)

(Parent/Guardian Signature)

(Date)