

Office use only:

BOE Receipt: # _____
Amount Paid _____
Date Paid _____
Refunded Amount _____
Payment Location _____
MES/Upward Bound/Trio _____



**WICHITA
PUBLIC SCHOOLS**

Summer School

High School
June 6-June 23

Enrollment Form

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

_____ 2015-2016 School

_____ Summer School Site

Where Enrolling: _____

Student ID: _____

DOB _____ 2015-2016 Grade: 8 9 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 _____

<u>Course Name</u>	<u>Course Number</u>	<u>Fee plus TBR e</u>
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

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 III Does your student have a significant physical condition or health concern? III
 III O Diabetes O Epilepsy O Asthma O Allergy O Other _____ III
 III (talk to current school nurse about continuing this care) III
 III Are medications required to be administered during the instructional time? III
 III O Yes O No III
 III Is a language other than English spoken as the primary language in the house? III
 III O Yes O No If yes, specify language _____ III
 III Is your student receiving any special services or programs with Special Education? III
 III O Yes O No If yes, specify program _____ III
 III _____ III
 III
 =====

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

_____ (Student's signature)

_____ (Parent's signature)