

**Office use only:**

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



**WICHITA**  
PUBLIC SCHOOLS

# Summer School

High School  
May 30 – June 15

## Enrollment Form

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

\_\_\_\_\_ 2016-2017 School

\_\_\_\_\_ Summer School Site

**Where Enrolling:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

DOB \_\_\_\_\_ 2016-2017 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 \_\_\_\_\_

<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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		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)