

**SUMMER SCHOOL 2009
HIGH SCHOOL
FAST TRACK REGISTRATION FORM**

2008-09 School	_____
2009-10 School	_____
If different than above	
2009 Summer School Site	_____
Teacher	_____ Room _____
Course Section #	_____

PLEASE PRINT ALL INFORMATION

Student Name _____
(Last, First and Middle – Use legal name, no nickname)

Student ID _____ Date of Birth _____ 2008-09 Grade Level _____

Gender Male Female Ethnic Code _____

Address _____

Parent's Name _____ Home Language _____

Telephone (Home) _____ (Work) _____

Person to contact in case of emergency

Name _____ Telephone _____

COURSE REGISTRATION

Name of Fast Track Course _____

Name of school where course was taken and passed _____

School year when course was taken and passed _____

Verified: SOL Test Failed School _____ Year _____

Custodial Parent/Legal Guardian _____

(If custody/guardianship or court restrictive contact order exists, please provide documentation.)

<p>Does this student:</p> <p>Need bus transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, is special transportation needed due to a disability?</i></p> <p>Have an IEP or a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach IEP or Plan.</i></p> <p>Require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Receive ESL services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Require any medical treatment or medication to be administered during Summer School? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Please specify any treatments, medications, or other health concerns regarding this student:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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