

**SUMMER SCHOOL 2009
HIGH SCHOOL
GENERAL REGISTRATION FORM
(Not to be used for online classes)**

PLEASE PRINT ALL INFORMATION

2008-09 School _____	
2009-10 School _____	
If different from above <input checked="" type="checkbox"/> if Out-of-District <input type="checkbox"/>	
2009 Summer School Site _____	
Summer School Graduating Senior <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> verified	
Teacher _____	Room _____
Course Section # _____	

Student Name _____ <i>(Last, First and Middle – Use legal name, no nickname)</i>	2008-09 Grade Level _____
Student ID _____	Date of Birth _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> 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 Summer School Course _____	Check one: *New <input type="checkbox"/> *Repeat <input type="checkbox"/> Audit <input type="checkbox"/>
Replacement Course(s) _____ <i>(the course[s] you want your counselor to register you for after you successfully complete this summer school course)</i>	
Name of 2nd Summer School Course _____	Check one: *New <input type="checkbox"/> *Repeat <input type="checkbox"/> Audit <input type="checkbox"/>
* If this course has a corresponding SOL test, the student will be required to take the SOL test unless proof is presented that the student has already passed the SOL test. The student must be enrolled in a Virginia public school before testing begins. Check if proof of student passing SOL test is attached. <input type="checkbox"/>	

Please check if your child received free or reduced lunch in the 2008-09 school year: Free Reduced

Your signature is required to permit _____
 school personnel to verify this information. **Parent/Guardian Signature**

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> <input type="checkbox"/> Yes <input type="checkbox"/> No</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> <input type="checkbox"/> Yes <input type="checkbox"/> No</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 treatments, medications, or other health concerns: _____ _____</p>	<p align="center"><i>For School Use Only</i></p> <p>Registration Site _____</p> <p>Amount of Tuition Paid: <input type="checkbox"/> \$300 <input type="checkbox"/> \$150 <input type="checkbox"/> \$75 <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 <input type="checkbox"/> \$40</p> <p>Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card</p> <p>Receipt Number _____</p> <p>Credit Card Transaction Number _____</p> <p>Approved: <input type="checkbox"/> Free <input type="checkbox"/> Reduced</p> <p>Approved By _____</p> <p>Title _____ Date: _____</p>
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Note: Request for refunds must be made using the Summer School Tuition Refund Request form and submitted to the summer school principal before the first day of class. Because teachers must be hired in advance, **no refunds** will be honored after that date. Outstanding non-sufficient fund checks for summer school tuition must be paid before the student may attend summer school.