

REGISTRATION FORM

2018 SUMMER SCHOOL CREDIT RECOVERY FOR COMMUNITY HIGH SCHOOL

Please complete the following information:

Student Name _____

Course(s) needed _____

Current grade in the course _____

Student email address _____

Student cell phone number _____

Parent Name _____

Parent email address _____

Parent cell phone number _____

Student drives (please circle) Yes No

Parent will provide transportation (please circle) Yes No

Student has permission to leave school with another student Yes No If yes, name(s) of other students _____

\$10 fee paid Yes No

Preferred time (please circle) 8:00-10:00 10:00-noon

Parent Signature

Date

Student Signature

Date