# SUMMER SCHOOL REGISTRATION FORM

Student Name: _____

Grade student will be entering in Fall 2015: 4K K 1 2 3 4 5 6 7 8 9 10 11 12

Parent/Guardian Name: _____

Street Address:_____

City:_____ Zip:_____ Phone Number:_____

**→Session I Registration:**

_____**YES**, my child will be attending Session I

_____**NO**, my child will NOT be attending Session I

*Please select 4 classes your child would like to take part in during Session I.*

1_____

2._____

3._____

4._____

**If taking "Credit/Course Make-Up" please indicate which course(s) need to be made up:*

_____

**→Session II "Jump Start" Registration:**

_____**YES**, my child will be attending Session II "Jump Start"

_____**YES**, my child will need transportation for Session II "Jump Start"

_____**NO**, my child will NOT need transportation for Session II "Jump Start"

_____**NO**, my child will NOT be attending Session II "Jump Start"

**→Other Summer School Opportunities Registration:**

*Please select which other summer school opportunities you wish to register for:*

_____ Every Story Has a Hero
_____ Dance
_____ T-ball/Soft Toss
_____ Basketball Fundaments
_____ Basketball Camp – Boys' & Girls'
_____ Football Fundamentals
_____ Weight Lifting
_____ Softball Fundamentals – which team(s): _____
_____ Baseball Fundamentals – which team(s): _____
_____ Swimming Lessons – which level: _____

Any other notes or comments?

_____

_____

Please return this completed form to the District Office by **March 31, 2015**. If you have any questions about our summer school program, please contact Dr. Ennis at 464-3165 ext. 160. **Thank you!**