

Zachary High School 2010 SUMMER SCHOOL REGISTRATION FORM

Student Information

Legal Name: _____ Gender: M / F Birth Date: _____
(Last) (First)

Social Security Number: _____

Address: _____
(Street/Road) (City/State) (Zip)

Parent/Guardian Name(s): _____

Home Phone: _____

Email Address: _____

Parent/Guardian Information

Phone number where parent/guardian can be reached in the morning: _____

Emergency contact person(s) and phone(s): _____

Is there any medical condition we need to be aware of: Yes _____ No _____

If so, please explain: _____

IF MEDICAL ATTENTION IS NECESSARY, I AGREE TO HAVE MY SON/DAUGHTER TAKEN TO A MEDICAL FACILITY AND TO HAVE MEDICAL ATTENTION RENDERED AS DEEMED NECESSARY BY THE ATTENDING PHYSICIAN. YES _____ NO _____

To best serve your child's academic needs, please mark the following. Do not place an (X) if these items do not apply to your child.

_____ My child is on an Individual Education Plan (IEP). _____ My child is on a 504 plan.

Course Selection(s)

Please check your choice or choices below: (only one class per session)

Each class will cover second semester work only.

Session I (8 a.m. – 10 a.m.)

- _____ English GEE Prep
_____ Business English
_____ Chemistry
_____ English I
_____ English II
_____ English III
_____ English IV
_____ Financial Math
_____ Math GEE Prep
_____ Social Studies GEE Prep
_____ World Geography

Session II (10 a.m. – Noon)

- _____ Algebra I
_____ American History
_____ Business English
_____ English I
_____ English II
_____ English III
_____ English IV
_____ Physical Science
_____ Biology I

- Students must wear uniforms.
Classes are in session Monday - Thursday from June 7th through June 24th. GEE re-testing is from June 28th - June 30th.
The 3rd absence in any class will result in removal from the class and loss of credit.
Behavioral problems will result in removal from the class and possible loss of credit.

**Will your child need bus transportation? Yes _____ No _____

Student Signature

Parent Signature

Counselor Approval