

**CHESAPEAKE PUBLIC SCHOOLS
HIGH SCHOOL SUMMER SCHOOL
REGISTRATION FORM**
PLEASE PRINT ALL INFORMATION



Home School _____
Current Grade _____

Summer School Graduating Senior _____
Out of District _____

Yes No
 Yes No

STUDENT NAME _____

Last *First* *Middle*

Student ID

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 Date of Birth _____
MM/DD/YY

Ethnicity: Hispanic Non-Hispanic
Race:
 American Indian or Alaskan Native
 White
 Native Hawaiian or Other Pacific Islander
 Black or African American
 Asian

Gender Male Female

Address _____
House # Street City/State/Zip

PARENT/GUARDIAN NAME _____

Home Telephone (_____) _____ Cell Telephone (_____) _____
First Last

Person to contact in case of emergency: _____
Name Telephone

COURSE REQUESTED

COURSE NO.	COURSE NAME	NEW	REPEAT	QUICK REVIEW

ALTERNATE COURSE REQUESTED (if course above is full/canceled)

COURSE NO.	COURSE NAME	NEW	REPEAT	QUICK REVIEW

I grant approval for this student to take the course(s) indicated. _____
Counselor's Signature Date

TUITION ELIGIBILITY (for credit-bearing classes only)

- YES, I give permission for the information about my child's eligibility for free or reduced-price meals to be used for determining summer school tuition.
- NO, I do not want the information about my child's eligibility for free or reduced-price meals to be used for determining summer school tuition.

Parent/Guardian Signature _____ Date _____

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

FOR SCHOOL USE ONLY	
Level I _____	Level II _____
Level III _____	
Approved By: _____	
Registration Site: _____	
Amount of Tuition Paid:\$ _____	
Method of Payment: <input type="checkbox"/> Cash	
<input type="checkbox"/> Check/MO	
<input type="checkbox"/> Online School Payment	