

Summer School

June 20- July 11 (no class on July 4)

SUMMER GYM AT PAGE MIDDLE SCHOOL

2018 Registration Form

Registration Deadline: June 13, 2018

Name _____

District of Residence _____

(In-district students take precedence)

Graduation Year _____

Class Registering For _____

We are running an AM session, however if enrollment exceeds what we can accommodate, we will be offering a PM session. Please indicate (below) your session preference.

Session Preferred: AM _____ or PM _____ (Check one)
8:00—12:15 12:15—4:30

Counselor Signature _____

I have read and understand that _____ for whom I am the legal guardian will be required to comply with the Lamphere Code of Conduct. I also understand that more than 15 minutes late constitutes an absence. I further understand that because of the intense nature of summer school there are no such things as excused absences and that after the first absence a student will lose credit.

Parent/Guardian Signature _____

Home Phone _____

Parent/Guardian Work Phone _____

Parent/Guardian Cell Phone _____

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In case of accident or serious illness, I request that school personnel contact me. If I cannot be reached, I hereby authorize school personnel to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, school personnel may take whatever arrangements they deem necessary. Any obligation for medical expenses resulting from treatment in such case is to be handled by me as parent or guardian.

Physician Name _____ Telephone No. _____ Choice of Hospital _____

Indicate below if your child has any specific health problems -

Asthma Heart Diabetes Blood Disorder Seizure Disorder Vision Hearing

If your child has other health problems, please describe: _____

Parent Signature _____ Date _____

Form of payment: Cash _____ Check # _____ M.O. # _____