

Summer School Registration

Shelby County Schools

June 2018

Student Information

Student's Name: _____

Home School: _____

Grade (2017-2018): _____

Phone: _____

Home Address: _____

Medical Allergies or Problems: _____

Parent Information

Father's/Guardian's Name: _____

Phone/Email: _____

Mother's/Guardian's Name: _____

Phone/Email: _____

Email contact information: _____

To be Completed by Home School Personnel:

Term One - June 4-June 15

Course: _____

Semester Needed: _____

Term Two - June 18-June 29

Course: _____

Semester Needed: _____

Amount Paid:

Receipt #:

In case of a medical emergency, do you give the school system permission to have your child treated?

Yes _____ No _____

Insurance Co.: _____ Policy #: _____

Name and phone numbers of emergency persons to call:

1. _____ Phone: _____

Check out information: List the name of individuals who may pick up your child other than parents:

1. _____ Relation to student: _____

Course Registration

Course: _____ Semester Needed: _____

Course: _____ Semester Needed: _____

We have been given a copy of the Shelby County Schools rules and regulations pertaining to behavior and attendance in summer school and understand its content. I realize that failure to comply with such rules and regulations could result in my child's dismissal from the summer school program with a forfeiture of tuition paid.

Student Signature

Date

Parent Signature

Date

Counselor Signature

Date