



Student's Name: _____
Last (LEGAL name) First (LEGAL name) M.I.

MOANALUA HIGH SUMMER SCHOOL 2019 APPLICATION

School CURRENTLY attending _____

School attending in AUGUST: _____ Year of HS Grad. **20** _____

Mailing Address _____
Street Apt. #

City, State Zip Code

IEP/504: Please check if your child currently has an IEP or 504 Plan: IEP 504

Father/Guardian's name _____ Best Phone # () _____

Mother/Guardian's name _____ Best Phone # () _____

	Name of Course Requesting	Reason (Circle One)	Counselor Approval
1 st Choice		R I A	Required for all courses <i>except</i> PE and Health
2 nd Choice		R I A	
3 rd Choice		R I A	

Reason Code: **R** = Credit Recovery (course previously failed) **I** = Improvement (course previously taken, but want to improve understanding or improve GPA) **A** = Advancement (have not taken course yet)

Cost: \$190.00 per credit, \$95.00 per 1/2 credit (checks payable to **MOANALUA HIGH SUMMER SCHOOL**)

Please *initial* below for each statement:

_____ We have read and understand the summer school registration process.

_____ We have read and understand that the regular school rules pertaining to conduct and attendance must be observed during summer school. Any student forced to withdraw for reasons of misconduct or non-attendance will forfeit their complete tuition. He/She will receive no credit for the portion of the session already attended.

_____ We have read the attendance policy and understand that multiple absences may lead to dismissal from summer school with no refund.

_____ We have read and understand the policy for refunds.

_____ [For PE and Health only] We understand that we will be notified via mail by **April 30th** if my child has been enrolled in a class and that we will submit payment to the front office by **May 10th** (closing 3:30pm) to secure that spot. Failure to meet this deadline may result in the spot being given to another student.

SIGNATURE OF FATHER / GUARDIAN

SIGNATURE OF MOTHER / GUARDIAN

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FOR OFFICE USE ONLY:

PAYMENT TYPE: Cash Check Check # _____ ALU LIKE (original voucher required**)

CHECKMAKER (PRINT) _____ (\$25.00 charge per each returned check)
Last name, First name

AMOUNT OF PAYMENT: 1 semester (1/2 credit), \$95.00 2 semesters / 1 year (1.0 credit), \$190.00

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**MOANALUA HIGH SUMMER SCHOOL
EMERGENCY AND ATTENDANCE FORM**

2019

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PRINT OR TYPE ALL INFO:
STUDENT LIVES WITH
(1st Emergency Contact)

	MI	
First Name		Last Name

ADDRESS

Street	Zip

	Relationship to student
Home #	
Work #	
Cell #	

***** ADDITIONAL CONTACTS IN CASE OF EMERGENCY *****

First Name	Last Name
Relationship to student	

	Relationship to student
Home #	
Work #	
Cell #	

First Name	Last name
Relationship to student	

	Relationship to student
Home #	
Work #	
Cell #	

ATTENDANCE

DATES	6/13	6/14	6/17	6/18	6/19	6/20	6/21	6/24	6/25	6/26	6/27	6/28	ABSENCES	TARDIES
1ST SEM.														
Time														
DATES	7/1	7/2	7/3	7/5	7/8	7/9	7/10	7/11	7/12	7/15	7/16	7/17	ABSENCES	TARDIES
2ND SEM.														
Time														

SYMBOLS: / = ABSENCE /< = TARDY X = EXCUSED ABSENCE E = ENTER L = LEFT S = SENT HOME

