



**REGISTRATION FORM FOR
PARAMUS CATHOLIC 2019 SUMMER SESSION and INCOMING FRESHMEN ENRICHMENT**

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency/Work Phone: (_____) _____

Current/Last school attended: _____ Grade Completed: _____

Medical Concerns/Allergies: _____

Other than parent, whom may student be released to: _____

Relationship to student: _____ Phone number: _____

Summer School Courses Selected:

_____ **Class 1:** _____

_____ **Class 2:** _____

_____ **: Freshman Enrichment (8:00am-11:10 AM)**

If you are only taking one class, please include preference of section 1 or 2. **Phone calls regarding session times will only be made if your preference is not honored otherwise please report to school on July 1, 2019 for your chosen session preference indicated above.**

We have read and understand the Attendance, Behavior and Session Regulations. We understand that no tuition refunds will be given after July 3, 2019.

I authorize Paramus Catholic to forward the final grade report to the school my student attended at the end of the 2019 academic year.

Student signature

Parent/Guardian signature