



William S. Hart Union High School District
Summer School 2019 Application
Online Health



DIRECTIONS:

Step 1 – COMPLETE THIS APPLICATION FORM: After completing this form, including step #2, return it to your counselor.
Step 2 – COMPLETE OFL REGISTRATION: Complete the OFL Registration process. Hart District students must register with OFL to participate in summer school (Hart partners with OFL to provide summer classes). OFL will also be arranging early-bird appointments for registration. You may call **626-813-6900** to schedule an appointment between 4/30/19-6/1/19. If you cannot attend any early-bird appointment times, proceed to Step 3.
Step 3 – ATTEND MANDATORY REGISTRATION MEETING: Attend one of the mandatory registration sessions. A parent/adult guardian must attend with each student. Please bring your current identification with you. Dates and times are flexible if you need to attend another evening, or another location. For more information from OFL, call **626-813-6900**.

Follow Up: You can expect an email confirmation from the District some time during the two weeks prior to summer school.

REQUIRED STUDENT INFORMATION:

| | | |
|---|-------------------------|---|
| Student Name | Hart District ID Number | 2018-2019 Grade Level |
| Address | | Age |
| Birthdate | | |
| City | Zip Code | Student's Mobile Number |
| <small>(We only communicate with the student through their district email account.)</small> | | |
| Student's Hart District Email Address | | |
| Parent/Legal Guardian Name | | Parent/Legal Guardian's Phone |
| Parent/Legal Guardian's Email Address | | |
| School Attended Through May 2019: | | School Attending in August 2019: |
| Summer School Beginning Date: 7/1/2019 | | Summer School Ending Date: 7/29/2019 |

Course begins Monday July 1st and ends Monday July 29, 2019

Online Health (5 credits) - 2019/20 Grades 10 to 12

Counselor Approval _____

Date _____

Important Information

1. Coursework for Online classes must be completed by July 29, 2019.
2. Students must provide their own computer and internet connection.
3. System Recommendation: <https://support.apexlearning.com/node/210>



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Confidential Summer School Information Card

Drop Date:

| | | | |
|---|-------------|-------------|------|
| Last Name: | First Name: | Grade: | DOB: |
| Street Address: | City, Zip: | | |
| Parent/Guardian Name: | | Home Phone: | |
| | | Cell Phone: | |
| | | Work Phone: | |
| Parent/Guardian Name: | | Home Phone: | |
| | | Cell Phone: | |
| | | Work Phone: | |
| Emergency Information: Whenever a student must go home due to illness, the parent is expected to provide transportation. Please list two residents authorized to take responsibility for your student in your absence. | | | |
| Emergency Contact Name: | | Phone: | |
| Emergency Contact Name: | | Phone: | |