

Date: \_\_\_\_\_

**Community High School District 218  
2019 Credit Summer School  
REGISTRATION FORM**

STUDENT INFORMATION			
Student I.D.	Last Name	First Name	Middle Initial
Name of school presently attending		Counselor	
Year of Graduation (Circle one) 2019    2020    2021    2022    2023		Gender (circle one) Male    Female	
PARENT/GUARDIAN INFORMATION			
Parent/Guardian (Last, First)		Home Phone	Email address
Home Address		City, St	Zip Code
Parent's Cell Phone	Father's Work Phone		Mother's Work Phone

**First Term Course:**

Course #	Course Name	Regular	SPED	ARC	Tuition	Transportation	Total
						<input type="checkbox"/> Yes <input type="checkbox"/> No \$	\$

**Second Term Course:**

Course #	Course Name	Regular	SPED	ARC	Tuition	Transportation	Total
						<input type="checkbox"/> Yes <input type="checkbox"/> No \$	\$

I understand that all rules, regulations, and procedures in the 2018-19 *Student Discipline Handbook* will apply, along with the Summer School Rules and Regulations.

 \_\_\_\_\_  
 Parent/Guardian Signature

 \_\_\_\_\_  
 Student Signature

To register, complete this form. Attach a check for the total, payable to *Community High School District 218*. Return it to your counselor. Refunds will be made for cancelled classes only.

**FOR OFFICE USE ONLY:**

Check #	Cash	Credit Card

**FOR COUNSELOR USE ONLY:**
 Will student graduate due to Summer School?     Yes     No

 If ARC, is it a continuation from school year?     Yes     No

Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_