



Altoona Area Junior High School
 Summer School Registration
 \$75.00
 Physical Education (.5 credit)



Student Name: _____ Student ID# _____

School (during 17- 18 school year): _____

School Address if not AAJHS: _____

Parent/Guardian Name: _____

Home Address: _____

Home Telephone or Parent Cell: _____

Emergency Telephone: _____

Please list the course you want added to your schedule for the 17-18 school year. You must select a course worth .5 credit. (Exception: If you are also planning on taking Health, you may select a course worth 1.0 credit.)

_____ Course taking the place of P.E.

Please select the time session:

____ 8:30 am – 11:00 am

____ 1:00 pm – 3:30 pm

I understand that any absence or tardiness will result in my not receiving credit for the physical education course. I understand that any violation of school rules will result in my removal from the summer school program. I understand that there can be no refund of money if I fail to complete the course satisfactorily for any reason or am dismissed from the course. I understand that vacations, trips, etc. cannot be accommodated. Decisions made by the principal are final and there will be no appeals.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

