

Date: _____

**Community High School District 218
2018 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) 2018 2019 2020 2021 2022		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 2017-18 *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:
 Payment Type: Check # Cash Credit Card

Staff Signature: _____

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: _____