

High School Registration Form (Summer 2019)



- All sections must be completed before registration is processed.
- No faxed registrations will be accepted.
- No refunds will be given after the first day of class for each session.
- June Term registration ends June 7. July Term registration ends July 5.
- Printed schedules will only be distributed to students presenting a photo ID.

Student Social Security #: _____ - _____ - _____ or X-NUMBER: _____ (Optional)

Name: _____
Last First MI

Address: _____
Street Address City State Zip County

Birth Date: ____/____/____ Gender: M F
mm dd yyyy (circle one)

- Are you a US Citizen? Yes ____ No ____
 Are you Hispanic or Latino? Yes ____ No ____
 Are you from one or more ethnicities? (List all) ____ ____ ____
 5. American Indian/Alaska Native 9. Native Hawaiian or Pacific Islander
 4. Asian 8. Other/Not Listed
 2. Black/African American 6. Prefer not to answer
 3. Hispanic or Latino 1. White

Home Telephone #: (____) _____

Current High School: _____

Name of Parent/Guardian: _____ Parent/Guardian phone # (____) _____

JUNE TERM

June 10 to 28 – 8 a.m. to 12:10 p.m.

Course # _____
 Course Title _____
 Location _____
 Fees _____

JUNE 10 to 28 – 12:35 p.m. to 4:45 p.m.

Course # _____
 Course Title _____
 Location _____
 Fees _____

JULY TERM

July 8 to 26 – 8 a.m. to 12:10 p.m.

Course # _____
 Course Title _____
 Location _____
 Fees _____

JULY 8 to 26 – 12:35 p.m. to 4:45 p.m.

Course # _____
 Course Title _____
 Location _____
 Fees _____

IMPORTANT!

All lines must be signed before registration is processed.

Student Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____
 Administrator/Counselor Signature _____ High School _____ Date _____

Courses are \$140 per class.

Full payment is due at the time of registration.

Total Fees Paid \$ _____

PAYMENT INFO

Student Social Security #: _____ - _____ - _____ or X-NUMBER: _____

Name: _____
Last First M

Check one: Cash ____ Check ____ **Charge my:** VISA ____ MasterCard ____ Discover ____ American Express ____

Card #: _____ Expiration Date ____/____/____ CVV ____ Billing Zip Code ____
month/year

Authorized Credit Card Signature _____ Name Printed on Card _____