

BRADFORD HIGH SCHOOL

SUMMER SCHOOL REGISTRATION 2014

This registration form does not guarantee or confirm a placement in a Summer School class; rather it serves to ensure an opportunity to be placed in a Summer School class based on enrollment and available space.

Last Name _____ First Name _____ Birth Date _____

Student ID # _____ Current School _____ Grade _____

Street Address _____ City, State, Zip _____ Gender _____

Home Phone _____

Ethnic Code: () American Indian () Asian () Black () Hispanic () White () Other

PARENT/GUARDIAN EMERGENCY INFORMATION

Last Name:	First Name:	Day Phone #
Last Name:	First Name:	Day Phone #
Last Name: (If a Parent / Guardian is unavailable, contact)	First Name:	Day Phone #

Signature of Parent/Guardian: _____ Date: _____
(Authorizing course selection & emergency contact)

<input type="checkbox"/> Session I:	June 23 – July 14 (No school: Friday, July 4)	Monday – Friday	7:35 am – 12:05 pm
	<input type="checkbox"/> PE Foundations	<input type="checkbox"/> Lifetime Fitness	<input type="checkbox"/> Active Lifestyles
<input type="checkbox"/> Session II:	July 15 – August 4	Monday – Friday	7:35 am – 12:05 pm
	<input type="checkbox"/> PE Foundations	<input type="checkbox"/> Lifetime Fitness	<input type="checkbox"/> Active Lifestyles

ACCELERATED INDEPENDENT STUDY: (AIS)

June 23 – August 4 (No school: Friday, July 4) Monday – Friday 7:35a.m. – 12:05p.m.
(Limited to students in grades 11th & 12th during the 2013/2014 school year)

CREDIT RECOVERY

June 23 – August 4 (No school: Friday, July 4) Monday – Friday 7:35a.m. – 12:05p.m.

Course Selection: _____ Course Selection: _____ Course Selection: _____

Course Selection: _____ Course Selection: _____ Course Selection: _____

GEAR-UP SESSION: (1st choice) SESSION # _____ (2nd Choice) SESSION # _____

Counselor's Signature (Approval of Class) _____

*****STUDENT TRANSCRIPT MUST BE ATTACHED*****

OFFICE USE ONLY

Health Form Attached