Howard County Public School System
2009 Summer School Registration Form

Student ID Number

Part 1: Biographical Information - PLEASE PRINT ALL INFORMATION

Student Last Name | Student First Name | I.

Current School (2008-09) | School for fall (2009-10) | Grade 08-09

Student Home Address Street

City | State | Country | Zip

Parent/Guardian Last Name | Parent/Guardian First Name | Home Telephone

Work /Cell Telephone | E-mail

Student Ethnicity

☐ White ☐ Black or African American ☐ Asian ☐ Hispanic or Latino ☐ Other

Student Gender

☐ Male ☐ Female

Parent Signature _____ Date ___ / ___ / ____

Part 2: Course Selection – Refer to Summer School Catalog for registration information

Course Number ____ . ___ Course Name _____

Course Number ____ . ___ Course Name _____

Elementary Only – Is your child ☐ on ☐ above ☐ below grade level for Reading and Math?

All Grades – Is your child receiving Support Services? Attach a copy of your child's document to this form.

Support Services student is receiving ☐ IEP ☐ 504 ☐ Action Plan (FBA, BIP, etc.)

High School Only – Please attach student's High School Transcript (If applicable)

Reason for registering in this course ☐ Graduation (08-09) ☐ Advancement ☐ Failure ☐ Sport's Eligibility

Did the student receive ESOL Services in 08-09 school year? ☐ Yes ☐ No

For office use only - PLEASE PRINT ALL INFORMATION

Name on payment: _____ Amount: $ ____ . ___

Payment type: ☐ Cash ☐ Check ☐ Money order ☐ Credit card ☐ Visa ☐ Mastercard Check#/Money Order #: _____

Credit Card # ____ - ____ - ____ - ____ Exp Date: ___ / ___ / ____

For counselor use only - PLEASE PRINT ALL INFORMATION

Counselor's name _____

Required Forms ☐ IEP/504 ☐ Tuition Reduction ☐ Partial Payment ☐ Medical

High School Assessment: Has the student taken the HSA for this course? ☐ Yes ☐ No

Counselor's signature _____ Date: ___ / ___ / ____