

**Summer School Manchester 2010**  
**Registration**

Please print all information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Circle One: Male Female Are you a student with an identified disability? \_\_\_\_\_\*

Are you (or will you be) a high school graduate? \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Grade 2009/2010 \_\_\_\_\_

Current School and address: \_\_\_\_\_

Parent (Guardian) Name 1: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent (Guardian) Name 2: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

\*Students with disabilities must attach a copy of their most recent IEP or 504 plan used during the 09-10 school year.

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Please write your course selections below. Please list additional alternate courses in order to help ensure enrollment.

	Course Title	Course Length	Credit/Enrichment
Course 1:	_____	_____	_____

Course 2:	_____	_____	_____
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First Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

Students must have approval of their home school in order to enroll in summer school. Your guidance counselor or principal must sign below indicating home school approval for course enrollment.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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**FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE:**

Course(es) enrolled: \_\_\_\_\_  
\_\_\_\_\_

Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash/Money Order/Bank Check

Special Education: \_\_\_\_\_ Plan Attached? \_\_\_\_\_

Section 504: \_\_\_\_\_ Plan Attached? \_\_\_\_\_