

# 2019 Summer School Enrollment Form

Please complete fully and **return with fee** to the **High School Main Office**.

**\*\* NOTE:** *The State of Indiana determines the class size of Summer School courses. The minimum size is 20 students. If the minimum is not met, the class will not be offered. \*\**

Student Name: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Course 1: \_\_\_\_\_ Time: AM or PM Cost \$ \_\_\_\_\_

Course 2: \_\_\_\_\_ Time: AM or PM Cost \$ \_\_\_\_\_

Course 3: \_\_\_\_\_ Time: AM or PM Cost \$ \_\_\_\_\_

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**\*\*\*REQUIRED\*\*\***

**Parent/Guardian Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Parent/Guardian E-mail:** \_\_\_\_\_

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(Parent/Guardian Signature)

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(Student Signature)

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**Office Use Only– this section to be completed by the office staff.**

Fee amount paid: \$ \_\_\_\_\_ Time of Receipt: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Fees paid by:    cash        check        Check #: \_\_\_\_\_

Collected by: \_\_\_\_\_