

Date received by office: _____

Summer School 2017 Sign-Up

Student's Name: _____

Grade Completed: _____ School: _____

Teacher's Name: _____

Parent/Guardian's Name: _____

Mailing Address: _____

School District of Residence: _____

Phone: Home/Work: _____ Cell: _____

***Alternate Contact Name and Phone: _____

(Please include the name and phone of a relative or friend that can be contacted between the hours of 8 am and 12 Noon, in case the parent/guardian is not available.)

Medical information:

Students are invited and encouraged to eat free breakfast and free lunch every day of Summer School. Will your student be eating breakfast and/or lunch here at school?

Most every day

Sometimes

No

My student will need to ride the Lyndon bus:

Yes

No

Student Name: _____

As your teacher, I recommend that you take the following classes for Summer School: _____

Teacher Signature: _____

_____ My student **will not** be attending Summer School.

_____ My student **will** attend Summer School.

_____ Session 1 (June 12 - June 30)

_____ Session 2 (July 10 - July 28)

Parent Signature _____ Date: _____

Course Selections

(Register for classes for the grade student **completed** in 2016-17.)

Directions: Indicate your choice for classes by writing the **number and name of the class** you want at the correct time and session. **List an alternate**, if available. (Example: #F01 Spanish is Fun!) Be sure to have a class for each hour that Summer School is in session. **Don't leave an hour blank**. If a class is 2 hours long, please fill it in for both time slots to avoid scheduling conflicts.

Session 1: June 12- June 30	List First Choice Here	List Second Choice (if available)
8:00-9:00		
9:00-10:00		
10:00-11:00		
11:00-12:00		
Session 2: July 10-July 28		
8:00-9:00		
9:00-10:00		
10:00-11:00		
11:00-12:00		

*** Applications are due to the school office by March 10th***