

2017 MCSD SUMMER SCHOOL REGISTRATION FORM

Student Name: _____

Last

First

Middle

Address: _____

Street/Box No.

City

State

Zip

Student Number: _____

Date of Birth: _____

Current School Grade: _____

Home School: _____

Parent/Guardian Name: _____

Home Phone: _____

Work Phone: _____

Emergency Contact: _____ Phone: _____

PAYMENT is to be brought to the meeting when signing up for classes. Checks should be made out to MCSD. Cash will be accepted and a receipt given. Cost for a marking period replacement course is \$150.00. Cost for a semester recovery course is \$200.00.

Course(s) selected for summer school must have the approval of the home school guidance counselor or administrator.

Course(s) selected: Title of Course
***For English, indicate level.**

Percentage Grade Needed to Pass
(to be completed by guidance counselor)

#1 _____

_____ Marking Period or Semester

#2 _____

_____ Marking Period or Semester

Has IEP: _____

Please list special education services: _____

Following successful completion of this course student will receive diploma ____ yes ____ no

Signature _____

Date _____

Counselor/Administrator

Transportation must be arranged/provided by parent/guardian.

Signature (parent or guardian) _____

Date: _____

RETURN COMPLETED APPLICATION to MCMS, MCJHS or MCHS Guidance Office