

**OFHS SUMMER SCHOOL 2012  
REGISTRATION FORM**

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

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Grade (completed June, 2012): \_\_\_\_\_ School currently attending: \_\_\_\_\_

Course (s): (check all that apply)

PE 9 \_\_\_\_\_ PE 10 \_\_\_\_\_ Health \_\_\_\_\_

For PE classes only, check time preference: \_\_\_\_\_ 7:30 – 11:30 a.m. \_\_\_\_\_ noon – 4 p.m.

**Please be advised:**

The Health and Physical Education classes are not for remediation or failure makeup.

Applications will be accepted on a first-come basis, and the administration reserves the right to balance and limit class sizes. Although we would like to accommodate your needs, it may be necessary to schedule students in a physical education class at an alternate time.

Please reply promptly – classes fill up quickly.

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***We have read the terms of summer school and agree to comply with all rules and procedures regarding the program.***

Parent/Guardian Signature: \_\_\_\_\_

Note: Students will sign on the first day of class.

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Attach a check for \$150.00 for each class, payable to Olmsted Falls High School, and return with registration form and emergency medical card to the Olmsted Falls High School Guidance Office. **NOTE: MUST BE RETURNED WITH A COMPLETED EMERGENCY MEDICAL CARD – SIDE ONE ONLY.**

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**For office use only:**

Date received: \_\_\_\_\_

Check Number: \_\_\_\_\_