**OFHS SUMMER SCHOOL 2016**

**REGISTRATION FORM**

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

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

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

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

Grade (completed June, 2016): \_\_\_\_\_\_\_\_\_ School currently attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course (s): (check all that apply) \*

PE (AM) \_\_\_\_\_\_\_\_\_ Health (PM)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

Please reply promptly – classes fill up quickly.

**Registration forms are due by May 13, 2016.**

***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.

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 Main Office.

\* **NOTE: MUST BE RETURNED WITH A COMPLETED EMERGENCY MEDICAL CARD if you are not an Olmsted Falls resident – SIDE ONE ONLY.**

**For office use only:**

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

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