

SUMMER SCHOOL 2024 REGISTRATION FORM

Must be Completely Filled Out

STUDENT NAME (Print) _____
Last First

Current School _____

Grade level as of Fall 2023(please circle): 5, 6, 7, 8, 9, 10, 11,12

Address _____

City _____ Zip _____

Home Phone _____

Student Email _____

Parent Name _____ Phone _____

Parent Email _____

Emergency Name _____

Emergency Relationship _____

Emergency Phone _____

The undersigned parent/guardian of the above named minor student hereby authorizes any medical exam or treatment in the event of serious illness or injury if parent/guardian cannot be contacted, releasing Crespi Carmelite High School from any liability.

It is the policy of Crespi Carmelite High School that any student copying homework, lab assignments, class work or tests will not receive credit for that work.

Inappropriate language and disrespectful behavior at school will not be tolerated. Parents and students will be required to sign a behavior contract.

I have read the above and agree to the stated policy.

Parent/Guardian Signature

Courses Requested:

Course Name _____

Course Name _____

Tuition & Fees Due: \$ _____

Amount Paid: \$ _____

Amount Outstanding: \$ _____

Check # _____