



2008 HIGH SCHOOL SUMMER SEMESTER REGISTRATION FORM

REGISTER ON LOCATION APRIL 30, 2008. Late Registration May 28, 2008

\$225 per course for in-district students. \$275 per course for out-of-district students

\$200 per course for eDCSD online Education, \$300 per course for out-of-district students

Make registration checks payable to the (Name of School) Summer Semester. Payment must be made at registration.

Cash, credit cards or checks will be accepted. Summer Semester Hotline: 303-387-0296.

PLEASE PRINT LEGIBLY (ONE REGISTRATION FORM PER STUDENT)

Student's Name _____ Home High School _____ Grade completed as of June '08 _____

School Address (if not a Douglas County School): _____

Parent's Name _____

Address _____

Street _____ City _____ Zip _____

Home Phone _____ Parent Work Phone _____ Parent Cell Phone _____

Emergency Contact Name (when parent cannot be reached) _____

Relationship to Student _____ Phone _____

Please Select Your Summer School Location

- | | |
|--|---|
| <input type="checkbox"/> Chaparral High School | <input type="checkbox"/> Mountain Vista High School |
| <input type="checkbox"/> Castle View High School | <input type="checkbox"/> Ponderosa High School |
| <input type="checkbox"/> Douglas County High School | <input type="checkbox"/> Rock Canyon High School (to be held at MVHS) |
| <input type="checkbox"/> Highlands Ranch High School | <input type="checkbox"/> ThunderRidge High School |

eDCSD Online Education

- To register for a eDCSD Summer School Course, indicate eDCSD as your school choice, and enter the appropriate course numbers for your selections. Deliver your registration form and payment to the main office of your school, or you may hand deliver it to 801 S. Perry Street, Suite 130, Castle Rock, Colorado 80104. ***A recommendation is required, please attach with your form and payment

CLASS #	CLASS TITLE	Time/Session-CLASS
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TOTAL TUITION ENCLOSED \$ _____

NOTE: FAILURE TO COMPLETE THE INFORMATION REQUESTED ABOVE MAY RESULT IN A STUDENT BEING ENROLLED IN THE WRONG COURSE. REGISTRATION WILL NOT BE ACCEPTED WITHOUT FULL PAYMENT. A \$20 FEE WILL BE ASSESSED FOR CHECKS RETURNED FOR INSUFFICIENT FUNDS. PLEASE MAKE CHECKS PAYABLE TO (Name of School) SUMMER SEMESTER.

Does this student receive Special Education Services? YES _____ NO _____ If yes, please attach a copy of the IEP.

Is this student on a §504 Plan? YES _____ NO _____ If yes, please attach a copy of the 504 Plan.

By my signature below, I indicate that I understand the summer semester attendance policy permits only **three absences in any course, (3 tardies equal 1 absence)** after which my student will receive no grade for the course(s) in which they are enrolled and will be withdrawn from school. I also understand that any breach of conduct can result in removal from the program and tuition will be forfeited.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Teacher Approval (if required) : _____

Counselor Approval : _____