

PEARL CITY HIGH SCHOOL
2020 SUMMER SCHOOL REGISTRATION CARD (Please print legibly)

STUDENT LAST NAME _____ FIRST NAME _____ Middle INITIAL _____

Gender: Male [] Female []

Current Grade Level (SY 2019-2020) 8 [] 9 [] 10 [] 11 [] 12 []

Current School: PCHS [] Highlands [] Other _____

School you will be attending SY 2019-2020: PCHS [] XXXXXXXX Other _____

Received services during 2019– 2020 school year: SPED? Yes [] No [] 504 Plan? Yes [] No [] ELL? Yes [] No []

Father's/Guardian's Name: _____ Cell Phone: _____ Work Phone: _____

Mother's/Guardian's Name: _____ Cell Phone: _____ Work Phone: _____

Student resides with: _____ Home Phone: _____

Address: _____

No.

Street

City

Zip Code

Course Selection*

1st Choice: _____

First Semester or Year Course

Math Teacher App.**

Second Semester

2nd Choice: _____

First Semester or Year Course

Math Teacher App.**

Second Semester

***It is the responsibility of the student/parent to insure that they are registered into the correct course. Summer School will not verify your course selection with your school.**

****Required for Pearl City High School and Highlands Intermediate students only that are taking Geometry. Highlands students need to submit a letter of recommendation from their current teacher.**

Emergency Information (IF YOU ARE ENROLLED IN PE, YOU MUST HAVE CLEARANCE FROM YOUR DR FOR ALL MEDICAL CONDITIONS) Also,

Medical Condition/Problem: _____

Prescribed Medication for condition: _____

Physician Name: _____ Phone: _____ Medical Coverage: _____

Emergency Contact Person: In the event the child listed on this card becomes ill or is injured during summer school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of any one of the following:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PLEASE SIGN AND INITIAL THE BACK OF THIS FORM!!!

Parent/Guardian and Student Agreement of Understanding

PARENT'S INITIALS ARE REQUIRED.

_____ I have read the New Attendance Policy Memo. I have discussed this matter with my child.

_____ I understand that if my child has any health conditions, it is recommended that my child takes PE during the regular school year, as attendance is strictly enforced during the summer. I have discussed this matter with my child.

_____ I understand that if my child has any health conditions and will be participating in PE this summer, I MUST get clearance from my child's doctor prior to participation. If my child is not cleared to participate prior to the first day (per doctor's note), I understand that my child will not be allowed to participate. I have discussed this matter with my child.

_____ I understand that if my child is taking PE this summer, that this is an activity focused course and there will be no one that is CPR or First-aid certified at the same physical location as my child.

_____ I have read the PCH Summer School Registration & Attendance Guide and understand the conditions and consequences. I have discussed all the PCHS Summer School Registration, Discipline, & Attendance Guide with my child.

_____ I have read the Hawaii Department of Education Summer School Program Information and understand the conditions and consequences. I have discussed the DOE Summer School Program Information with my child.

_____ I understand that if I need a refund, it will take 3-4 weeks to process due to a new procedure.

Parent Signature

Date

Student Signature

Date

<u>For Office Use Only</u>		Receipt # _____
____ cash	____ Alu Like	
____ check # _____		
Summer School Staff Initial _____	and date _____	