

**CURRENT PEARL CITY HIGH SCHOOL ONLY**  
**2024 SUMMER SCHOOL REGISTRATION CARD** (Please print legibly)

STUDENT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ Middle INITIAL \_\_\_\_\_

**Course Selection\***

1<sup>st</sup> Choice: \_\_\_\_\_  
First Semester or Year Course      Math Teacher App (Print Name and Initial)\*\*      Second Semester

1<sup>st</sup> Choice: \_\_\_\_\_  
First Semester or Year Course      Math Teacher App (Print Name and Initial)\*\*      Second Semester

**Parent/Guardian and Student Agreement of Understanding**

**PARENT'S INITIALS ARE REQUIRED.**

\_\_\_\_\_ I understand it is the responsibility of myself and my child to ensure that they are registered into the correct Summer School course. Summer School will not verify your course selection with your school.

\_\_\_\_\_ I have read the 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 have read the PCHS Summer School Discipline Guide and understand the conditions and consequences. I have discussed this matter with my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date