

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

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

Gender: Male [ ] Female [ ]

Current Grade Level (SY 2023-2024) 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12 [ ]

Current School: PCHS [ ] Highlands [ ] Other \_\_\_\_\_  
School you will be attending SY 2024-2025: PCHS [ ] XXXXXXXX Other \_\_\_\_\_

Received services during 2023– 2024 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\***

**1<sup>st</sup> Choice:**

First Semester or Year Course	Math Teacher App.**	Second Semester
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**2<sup>nd</sup> Choice:**

First Semester or Year Course	Math Teacher App.**	Second Semester
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**\*It is the responsibility of the student/parent to ensure 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 AND YOU HAVE A MEDICAL CONDITION, YOU MUST HAVE CLEARANCE FROM YOUR DR) The clearance information MUST be faxed, emailed, or hand delivered prior to the start of summer school.**

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 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

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