

PART I: To be completed by PARENT/GUARDIAN. PLEASE PRINT ALL INFORMATION.

MCPS ID Number	Date of Birth				
Student's Last Name			First Name		
Parent/Guardian's Last Name			First Name		
Home Phone		Work Phone		Cell Phone	
E-mail _____					
Address _____					
Street		City		State	Zip

Reason for taking this course: Original Credit Failure

Name of HIGH SCHOOL now attending _____ Name of SUMMER SCHOOL CENTER _____

PART II: REGISTRATION—Counselor must complete this part of form. Refer to the MCPS Summer School Brochure for registration information

HIGH SCHOOL REGISTRATION—Register for each 3-week course on a separate form.

Course Number _____ Course Name _____

Is student graduating at end of the summer session? Yes No

SIGNATURE OF COUNSELOR REQUIRED.

_____/_____/_____
Signature, Home School Counselor *Date*

Incoming Grade 9 students must also obtain signature of receiving high school principal or designee.

_____/_____/_____
Signature, High School Principal/Designee *Date*

ESOL REGISTRATION—The above-named student is presently enrolled in a day ESOL program OR is registered with the MCPS International Student Admissions Office and is scheduled to begin an ESOL program this summer. .

ESOL Course number: _____ Course Name _____

Signature, ESOL Teacher or ISAO Administrator _____ *Date* ____/____/____

PART III: PAYMENT OF TUITION—Attach check, money order, or complete credit card information for the REQUIRED TUITION amount.

- Student **may** qualify for reduced tuition. To apply, attach MCPS form 325-4: *Application for Partial or Full Waiver of Summer School Tuition* and supporting documents.

Method of Payment

- Cash \$ _____ Check# _____ Amount \$ _____ Make payable to **MCPS**.
- Money Order# _____ Amount \$ _____ Make payable to **MCPS**.
- Charge \$ _____ to my (check one): MasterCard Visa (*credit card number and expiration date required.*)

Card Number	Expiration Date

Signature (as shown on credit card) _____ Print Name _____

PART IV: PARENT'S/GUARDIAN'S SIGNATURE: Parent's/guardian's signature certifies that:

- Student has met all immunization requirements.
- Method of payment is assured and it is understood that a \$25.00 fee will be assessed for returned checks or denied credit card charges. In addition, it is understood that failure to make payment may result in no credit being awarded for the course.
- The parent/guardian will provide the summer school site administrator with a copy of the accommodations included on the student's Individual Education Plan (IEP) or 504 Plan.

_____/_____/_____
Signature, Parent/Guardian *Date*