

**THOMAS S. WOOTTON HIGH SCHOOL
SUMMER INSTITUTE
REGISTRATION GUIDELINES**

1. **REGISTRATION** forms can be obtained from your Middle School Guidance Counselor. The forms must be fully completed and **all** signatures must be obtained before the forms can be processed. Forms will be returned if not properly completed.
2. **COMPLETED FORMS WITH PAYMENT*** must be returned to the **Mrs. Wanda Hoy, 2100 Wootton Parkway, Rockville, MD 20850**. The coordinator will review the registration form, verify the tuition cost. The coordinator maintains the original application and payment and forwards one copy of the application to the students COUNSELOR who makes schedule changes for next year when appropriate and keeps a copy of the student's registration form for their files.

TUITION: Full payment of tuition is required for all students at the time of registration. Costs are listed with description of each program.

* Checks or money orders should be made payable to **WOOTTON HIGH SCHOOL**.

* Checks drawn on foreign banks **will not** be accepted.

Be sure to write your **student ID number** in the memo section of your check.

Write your check or money order number on the registration form.

THE LAST DAY OF REGISTRATION FOR SUMMER INSTITUTE IS MARCH 27, 2008

3. **ATTENDANCE:** More than ONE absence, excused or unexcused, may disqualify a student from receiving credit. The highly concentrated program offered in the Summer Institute session makes full time attendance necessary. Explanatory notes from parents will be required for absences and tardiness, and all cases will be subject to verification by the school office. Absences will be determined as excused or unexcused by the same rules used during the school year. Vacations are NOT excused absences.
4. **CANCELLATION OF COURSES:** Classes that do not meet enrollment requirements will be cancelled. The summer school office and Wootton High School administrators will make decisions regarding the cancellation of individual courses. Students will be notified if their class is cancelled and given the opportunity to switch to another class or get a refund.

REFUNDS: One day's attendance makes a student ineligible for a refund.
5. **ENROLLEES:** Only incoming freshman and current students of Wootton High School may attend the Summer Institute.
6. **LOSS OF CREDIT:** Course credit may not be given if a student has more than **"ONE"** ABSENCE DURING A SUMMER SCHOOL SEMESTER.
7. **FINAL EXAMS:** Will be given in accordance with Board of Education policy.
8. **MEDICAL CONCERNS:** Please make us aware of any medical concerns by attaching a letter. **A School Community Health Nurse is not on staff during the Wootton Summer School Program.**
9. **RECEIPT:** Your cancelled check will be the only receipt you receive.

THOMAS S. WOOTTON HIGH SCHOOL
10TH, 11TH, and 12TH GRADE REGISTRATION FORM
SUMMER INSTITUTE 2009

PART I: Please **PRINT ALL CURRENT** information **STUDENT ID NUMBER (IMPORTANT)**
 Parent or Guardian must sign and provide emergency contact name and number.

ID#	STUDENT'S LAST NAME	FIRST NAME	MI	DOB	AGE	GR
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ADDRESS:	STREET	CITY	STATE	ZIP
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NAME OF PARENT/GUARDIAN: _____

PHONE NUMBER: (Home) _____ (Work) _____ (Cell) _____

EMERGENCY CONTACT: Name _____ Phone Number _____

PART II: Registration: **Students must register for EACH course ON A SEPARATE FORM.**
 Please use a **separate check or money order for each course.** After the counselor reviews
 and signs the form, students are to return the form with payment to Mrs. Wanda Hoy,
 Rm. 41.

Course Requested: Number _____ Tuition: \$ _____

Course Name _____

PART III: **PAYMENT OF TUITION** – ATTACH CHECK OR MONEY ORDER FOR THE
FULL TUITION / FEE PAYMENT – MAKE CHECK/MONEY ORDER PAYABLE TO:
WOOTTON HIGH SCHOOL

Method of Payment: Check # _____ Amount \$ _____

Secretary Signature: _____ Date: _____

PART IV: PARENT'S/GUARDIAN'S AND STUDENT'S SIGNATURE CERTIFIES THAT:

- Read and fully understand all guidelines on the backside of this registration form.
- 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. In addition, it is understood that failure by the parent or the student to make payment may result in no credit being awarded for the course.
- The parent/guardian will inform the Summer Institute administrator of any special accommodations required for the student.

Parent Signature _____ Date: _____

Student Signature: _____ Date: _____

THE DEADLINE FOR SUMMER INSTITUTE REGISTRATION IS MARCH 27, 2009

**THOMAS S. WOOTTON HIGH SCHOOL
SUMMER INSTITUTE 2009
9TH GRADE REGISTRATION FORM**

Instructions: Please PRINT ALL CURRENT information and include STUDENT'S ID NUMBER (VERY IMPORTANT). Parent or guardian must sign and provide emergency contact name and number.

ID #	STUDENT'S LAST NAME	FIRST NAME	MI	DOB	AGE	GR
ADDRESS: STREET		CITY		STATE		ZIP

NAME OF PARENT/GUARDIAN: _____

PHONE NUMBER: (Home) _____ (Work) _____ (Cell) _____

EMERGENCY CONTACT: Name _____ Phone Number _____

REGISTRATION: Students must register for EACH course PER FORM. Please provide a separate check or money order for each course. Students are to return this form with payment to Mrs. Wanda Hoy c/o Thomas S. Wootton High School, 2100 Wootton Parkway, Rockville, MD 20850. Phone: 301-517-4750.

Students who enroll in Honors Geometry A/B or Astros must attach:

- Middle School Math or Science Teacher recommendations; and
- Copy of second marking period report card

_____ <i>Middle School Math or Science Teacher Signature For Honors Geometry A/B or Astros Science Course</i>	<input type="checkbox"/> Frost MS <input type="checkbox"/> Cabin John MS <input type="checkbox"/> Other MS <i>Check the One that Applies</i>
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COURSE REQUESTED: Number: _____ Tuition: \$ _____

Course Name: _____

Payment of Tuition – attach check or money order for the FULL TUITION / FEE PAYMENT.

Check # _____ Amount \$ _____ (Make check payable to Wootton High School)

PARENT'S/GUARDIAN'S AND STUDENT'S SIGNATURE CERTIFIES THAT:

- Read and fully understand all guidelines on the reverse side of this registration form.
- 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. In addition, it is understood that failure by the parent or the student to make payment may result in no credit being awarded for the course.
- The parent/guardian will inform the Summer Institute administrator of any special accommodations required for the student.

PARENT SIGNATURE _____ DATE: _____

STUDENT SIGNATURE _____ DATE: _____

THE DEADLINE FOR SUMMER INSTITUTE REGISTRATION IS MARCH 27, 2009