

**WILLIAMSON COUNTY SCHOOLS  
2009 SUMMER REGISTRATION FORM**

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**STUDENT INFORMATION**

STUDENT NAME \_\_\_\_\_  
Last First MI Suffix

SEX \_\_\_\_\_ HOME TELEPHONE (Family Number) \_\_\_\_\_

GRADE LEVEL (08-09) \_\_\_\_\_

SPECIAL EDUCATION (Currently enrolled) with IEP \_\_\_\_\_ OR 504 Plan \_\_\_\_\_ OR GEIT Plan \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_  
MO / DAY / YEAR

ETHNIC CODE (Circle One) A - Asian/Pacific Islander B - Black (Non-Hispanic) H - Hispanic  
I - American Indian/Alaskan Native W - White (Non-Hispanic)

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**SUMMER SCHOOL GRADES SENT TO:**

(Circle one) BHS, CHS, FVHS, FRHS, IHS, MCHS, PHS, RHS, OR OTHER \_\_\_\_\_

CURRENTLY ATTENDING SCHOOL ADDRESS \_\_\_\_\_  
Street City, State Zip

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**COURSE REQUESTS**

**FIRST SEMESTER**

COURSE NO. TITLE  
\_\_\_\_\_  
REPEAT OR NEW (Circle One) CREDIT OR AUDIT (Circle One) A.M. OR P.M. (Circle One)

\_\_\_\_\_  
REPEAT OR NEW (Circle One) CREDIT OR AUDIT (Circle One) A.M. OR P.M. (Circle One)

**SECOND SEMESTER**

COURSE NO. TITLE  
\_\_\_\_\_  
REPEAT OR NEW (Circle One) CREDIT OR AUDIT (Circle One) A.M. OR P.M. (Circle One)

\_\_\_\_\_  
REPEAT OR NEW (Circle One) CREDIT OR AUDIT (Circle One) A.M. OR P.M. (Circle One)

**SCHOOL COUNSELOR APPROVAL**

**\*ATTACH TRANSCRIPT and IEP IF APPLICABLE**

An attempt will be made to honor you're A.M. or P.M. request, but this will be determined by class requests.

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**FAMILY**

PARENT NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

CITY

STATE

ZIP

HOME PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

A **maximum of 2 days absence** is allowed. If a student is absent 3 days, he/she will be removed from the summer school roster and **no refund** will be given. Only **three (3) tardies** can be made up per subject per semester and must be made up before the next class meets. Early dismissals will count toward attendance. Time out of class for disciplinary reasons will also count toward attendance. **(See Summer School Policies & Procedures)**

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**FOR OFFICE USE ONLY**

NAME \_\_\_\_\_

HOME SCHOOL \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ DATE \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

TRANSCRIPT RECEIVED \_\_\_\_\_

OFFICE PERSONNEL \_\_\_\_\_ (Initials)