

**York Community High School Summer School
Registration Form**

REGISTRATION INFORMATION (Please Print)

STUDENT NAME - LAST STUDENT NAME - FIRST YORK ID #

STREET ADDRESS CITY ZIP

PARENT NAME - LAST PARENT NAME - FIRST DAYTIME PHONE NUMBER

PARENT EMAIL ADDRESS _____

NON-DISTRICT 205 STUDENTS ONLY

PREVIOUSLY ATTENDED YORK? YES NO

CURRENT SCHOOL _____ SCHOOL ADDRESS _____

GRADUATION YEAR: _____

COURSE INFORMATION

*Note: Include the name of the **ACADEMIC COURSE** as well as the time of the course.*

COURSE NAME & TIME	PERIOD	SEMESTER	TUITION
_____	_____	_____	_____
_____	_____	_____	_____

PARENT/GUARDIAN SIGNATURE _____

SUBMIT REGISTRATION TO: York High School
ATTN: Summer School Office
355 West St. Charles Road
Elmhurst, Illinois 60126

Office Use Only:

Check Number _____ Check Amount _____ Cash _____

Section # _____ SS Date _____ PS Date _____