

Receipt Number \_\_\_\_\_

# School District of Haverford Township

## Summer School - 2021

### ***NON-RESIDENTS OF HAVERFORD TOWNSHIP***

#### APPLICATION FOR REPEAT CREDIT COURSES

Course: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

School last attended: \_\_\_\_\_

This year I was in grade \_\_\_\_\_ I have an IEP: YES \_\_\_\_\_ NO \_\_\_\_\_

To what school should summer school credits be sent?

\_\_\_\_\_

#### **GENERAL INFORMATION:** (Please read carefully)

- A fee of \$335.00 will be charged for an original credit course. There will be no refunds unless the class is canceled. Fees must be paid by money order payable to **THE SCHOOL DISTRICT OF HAVERFORD TOWNSHIP**. Mail payment to HHS c/o Ms. Karyn Smyth.
- Access PayPal payment via the following link:
  - <https://haverfordsd.corecommerce.com/summer-session/>

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Emergency Contact #