

Receipt Number _____

School District of Haverford Township

Summer School - 2022

HAVERFORD TOWNSHIP RESIDENTS

(Haverford High School Students)

APPLICATION FOR WORK STUDY CREDIT

Course: WORK STUDY Date: _____

Student's Name: _____

Address: _____

_____ Phone: _____

School last attended: _____

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

GENERAL INFORMATION: (Please read carefully)

1. A fee of \$240.00 will be charged for an original credit course. There will be no refunds unless the class is canceled. Fees must be paid by PayPal, cash, check, or money order payable to **THE SCHOOL DISTRICT OF HAVERFORD TOWNSHIP**. Mail check or money order payment to HHS c/o Ms. Patti D'Orazio.

2. Access PayPal payment via the following link:

<https://haverfordsd.corecommerce.com/summer-session/>

Signature of Parent/Guardian

Emergency Contact #

Parent/Guardian Email

Student Email