

Check No.

2025 EARLY ELECTIVE SUMMER SCHOOL

STUDENT	INFORM	MOITAN				
Last Name :				First Name :		
Middle Initial :			Student ID Number	- :		
Home School :	CG	CLC	CLS	PR		
Current Grade :	9	10	11	12		
1st Semester Cou (May 27-June 12, 2	•				Course #/Section : (Registrar Enters)	
2nd Semester Co (June 16-July 3, 20	•				Course #/Section (Registrar Enters)	
Allergies or Medi	cal Condition	D155 needs to	be aware :			
PARENT/	GUARDIA	AN INFORM	MATION			
Last Name :				First Name :		
Phone Number :				E-Mail :		
Last Name				First Name :		
•						
Address :					Zip Code:	
*Please provide a ¡					vent of an emergency between 7 a.m	
					ole for students who qualify. Please so ion is available in this packet.	e
egistration will no ntil all fees have l	ot be accepto been paid on	ed unless all th Iline through S	e above inform kyward Family	ation is provide Access which v	iull by February 28. ed. Students are not confirmed in a c will be added once the paperwork ha our school's student services depart	as
***Make check	s payable t	o: Communit	ty High Schoo	ol District 155	***	
Parent/Guardian S I understand my ch may be found in the	nild has the res	ponsibility to ab			ol District 155 rules and expectations, whi	ch
Parent/Guardian S	ignature :		Rela	tionship to stud	dent :Date :	
Student Signature I accept responsibil have read the expre	Required lity and agree t essed policy ar	to abide by all Di nd I have comple	strict 155 policies te knowledge an	and procedures. d understanding	My signature is an acknowledgment tha g of the rules and expectations of the dist essible on the district website.	t I
Student Signature	. :				Date :	
OFFICE U	SE ONLY	,				
Form Returned Da			e :			
Tuition Paid Payment Method	:				Checked : pproval :	
i ayınıcını ivletilibü	•					

Online : _____ Staff Signature : _____