

STUDENT INFORMATION

Last Name : First Name :

Middle Initial : Student ID Number : _____

Home School : CG CLC CLS PR

Current Grade : 9 10 11 12

1st Semester Course : _____ Course #/Section (Registrar Enters) :
(May 26-June 11, 2026)

2nd Semester Course : _____ Course #/Section (Registrar Enters) :
(June 15-July 2, 2026)

Allergies or Medical Condition D155 needs to be aware : _____

PARENT/GUARDIAN INFORMATION

Last Name : First Name :

Phone Number : _____ E-Mail : _____

Last Name : First Name :

Phone Number : _____ E-Mail : _____

Address : _____ City : _____ Zip Code: _____

***Please provide a parent/guardian phone number that can be reached in the event of an emergency between 7 a.m. - 1 p.m.**

ALL courses require a \$240 tuition fee per semester. Fee waivers are available for students who qualify. Please see your Student Services Office for additional details. Tuition and fee information is available in this packet.

Registration will not be accepted unless all the above information is provided. You will receive a notification in early May confirming your enrollment. Students can pay online through Skyward Family Access once enrollment is confirmed. If payment needs to be made another way, please contact your school's student services department.

*****Make checks payable to: Community High School District 155*****

Parent/Guardian Signature Required

I understand my child has the responsibility to abide by the Community High School District 155 rules and expectations, which may be found in the online student handbook on the district website.

Parent/Guardian Signature : _____ Relationship to student : _____ Date : _____

Student Signature Required

I accept responsibility and agree to abide by all District 155 policies and procedures. My signature is an acknowledgment that I have read the expressed policy and I have complete knowledge and understanding of the rules and expectations of the district including but not limited to summer school. I understand that the handbook is accessible on the district website.

Student Signature : _____ Date : _____

OFFICE USE ONLY

Form Returned Date : _____	Time : _____	Credits Checked : _____
Tuition Paid : _____		Course Approval : _____
Payment Method : _____		Staff Signature : _____
Check No. : _____	Online : _____	