

ST. CLAIR SHORES ADULT AND COMMUNITY EDUCATION
SUMMER SCHOOL REGISTRATION FORM
Class Dates: June 22, 2009 – July 29, 2009

Student Name _____

Address _____

Phone Number _____ Alternate Number _____

Parent/Guardian Name/Phone _____

Email Address _____

High School Currently Attending _____ Birth Date _____

Tuition (Counselor, please Initial one): Free _____ Reduced (\$125) _____ Full (\$250) _____

Early Registration: \$25.00 Deposit required, balance due on first day of class – June 22, 2009

Counselor Name: _____

Eligibility: Any student with this form signed from their Counselor or Principal may enroll in Summer School E2020 credit recovery class.

COURSES AVAILABLE – See Information Sheet for Course Options
PLEASE SELECT YOUR FIRST, SECOND, AND THIRD CHOICES

Tuition: \$250.00 – Please make checks payable to SCSACE. Visa, MasterCard, and cash are also accepted.

Counselor/Principal: Please complete this form and authorize with your signature. Student should bring completed form to registration. Students will not be allowed to enroll without your authorization.

**PLEASE SEE INFORMATION SHEET FOR:
Registration Dates, Location, and Times
And
Class Dates, Days, and Times**

Counselor/Principal Signature

Date