

# NORTHERN VALLEY REGIONAL HIGH SCHOOL DISTRICT SUMMER SCHOOL

**PLEASE PRINT**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

M/F \_\_\_\_\_ Student ID Number (NV students only) \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Parent Work Telephone Number \_\_\_\_\_

Parent Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

Parent or Guardian's Full Name \_\_\_\_\_

Grade in school this September (2009-2010) (circle) 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

SUBJECT	*NEW	*REVIEW/ MAKE-UP	PERIOD

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

Principal's Approval (Out of District)/Recommendation \_\_\_\_\_

\*Guidance Counselor's Approval \_\_\_\_\_

Counselor's/School's Telephone Number \_\_\_\_\_

School Name and Address  
where summer school records are to be sent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HIGH SCHOOL COMMENTS:**

## NORTHERN VALLEY REGIONAL HIGH SCHOOL DISTRICT SUMMER SCHOOL

Specific Health Problems:

---

---

---

---

Name and telephone number of person to contact if parent/guardian not available:

---

Name of family physician in case of emergency:

---

Telephone Number \_\_\_\_\_

If student is parking a vehicle in our parking lot, complete the following:

1. Make, model of the vehicle \_\_\_\_\_

2. Registration Number \_\_\_\_\_

3. Driver's License No. \_\_\_\_\_

### **TO THE DIRECTOR:**

I have read the regulations of the Northern Valley Regional High School District Summer School on the brochure and agree to abide by the regulations in every aspect.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Student*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Parent*