

Palos Verdes Peninsula Summer Schools HIGH SCHOOL SUMMER SCHOOL



Office use

WALK IN REGISTRATION

PRINT Last	First	MI Date of Birth
Please print name as listed on so	chool records	MI Date of Birth(mm/dd/yy)
PVPUSD Permanent ID #	Today's Date	
Grade in September 2017 □9 □10	□11 □12 School attending in Sept	emberSchool name
Address	City	State Zip Code
	•	·
E-Mail AddressParent's e-mail re	Home guired - Print legibly	e phone#
Parent's Phone# Circle: Mother/Father/	Parent's Work Phone# _ Guardian	Circle: Mother/Father/Guardian
Student's Call#	Emergency Contact	
	Please inc	lude name, phone number and relationship to student
	$\Box 2^{\text{nd}}$ semester (July 10 – July 27) □Yearlong (June 19 – July 27) Class #
Fees: Semester: \$335	Semester w/lab (Sports Me	ed or Science Review): \$365
Yearlong (single class): \$		Science): \$705
TOTAL FEES DUE:		
CHECK PAYMENT #	(Make check p	ayable to "PVP SUMMER SCHOOL")
CREDIT CARDVISAMA	STERCARDDISCOVER	
NAME ON CARD	SIGNA	TURE
CARD #	EXP	/ SECURITY CODE
I have read and understand the policies	and procedures regarding attendance, formation, and agree to abide by the sta	code of conduct, refunds, traffic patterns, or ated policies and procedures. Registration wi
		hool of attendance. New PVPUSD student cripts sent automatically at the end of summe
I have read and understand the policies ar	d procedures mentioned above and inc	licate agreement with my signature below.
Parent Signature		Date
Student Signature		Date