



Palos Verdes Peninsula Summer Schools

HIGH SCHOOL SUMMER SCHOOL



WALK IN REGISTRATION

PRINT Last _____ First _____ MI ____ Date of Birth _____
Please print name as listed on school records (mm/dd/yy)

PVPUSD Permanent ID # _____ Today's Date _____

Grade in Fall 2018 9 10 11 12 School attending in Fall 2018 _____
School name

Address _____
Street City State Zip Code

E-Mail Address _____ Home phone# _____
Parent's e-mail required - Print legibly

Parent's Phone# _____ Parent's Work Phone# _____
Circle: Mother/Father/Guardian Circle: Mother/Father/Guardian

Student's Cell# _____ Emergency Contact _____
Please include name, phone number and relationship to student

1st semester (June 18 – July 6) 2nd semester (July 9 – July 26) Yearlong (June 18 – July 26)

Class	Teacher	Class #

Fees: Semester: \$345 Semester w/lab (Sports Med or Science Review): \$375

Yearlong (single class): \$665 Yearlong w/lab (any Art or Science): \$725

TOTAL FEES DUE: _____

CHECK PAYMENT # _____ (Make check payable to "PVP SUMMER SCHOOL")

CREDIT CARD VISA MASTERCARD DISCOVER

NAME ON CARD _____ SIGNATURE _____

CARD # _____ EXP ____/____ SECURITY CODE _____
Please print legibly

I have read and understand the policies and procedures regarding attendance, code of conduct, refunds, traffic patterns, off campus policy, refund policy and visitor information, and agree to abide by the stated policies and procedures. Registration will not be accepted without agreement and authorized signatures below.

I am aware that I will receive an official sealed transcript to deliver to my school of attendance. New PVPUSD students attending Palos Verdes High School and Peninsula High School will have transcripts sent automatically at the end of summer school.

I have read and understand the policies and procedures mentioned above and indicate agreement with my signature below.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Office use

--