

2009 Guilford Summer School Registration Form

Reg. # _____

Complete this form to register for Guilford Summer School classes listed in this high school brochure. All applicable information must be completed. One student only per form. For additional registration forms, please photocopy this page or email rebhunj@guilford.k12.ct.us to receive additional copies. You can also visit the Guilford Public Schools website at <http://www.guilford.k12.ct.us/~ghs/> (listed under "School Info") to print additional copies.

PLEASE PRINT ALL INFORMATION

Student's Name _____ Male _____ Female _____

Street _____ Home Telephone _____

Town _____ Zip _____

School student attends during school year _____

School Address _____ School Telephone _____

Guidance Counselor Name _____

School Grade Completed (2008-2009) _____ Date of Birth _____ Age _____

Parent/Guardian Name _____ Work Telephone _____

Parent/Guardian Name _____ Work Telephone _____

Responsible adult to be contacted in an emergency when parents/guardians cannot be reached:

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Significant physical limitations (hearing, vision, allergies, etc.) _____

Is there any other information about your child you feel we should know? (i.e. custody situations, family circumstances, medications) All information provided will remain confidential.

In the event that my child becomes injured or ill and needs medical treatment, and I cannot be reached at home or work, I hereby give permission for the school physician or physician designated by him, to provide medical treatment to my child named above.

Parent/Legal Guardian Signature _____ Date _____

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1st Course Name _____ 1st Course Section Number _____ Fee Enclosed _____

2nd Course Name _____ 2nd Course Section Number _____ Fee Enclosed _____

3rd Course Name _____ 3rd Course Section Number _____ Fee Enclosed _____

MAKE CHECKS PAYABLE TO:

GUILFORD SUMMER SCHOOL

MAIL COMPLETED REGISTRATION FORM(S) WITH FEE TO:

Judy Limoncelli
Guilford Summer School
P.O. Box 367
Guilford, CT 06437

OR

Hand-deliver registration form with fee to:
Superintendent's Office (Lathrop House)
55 Park Street, Guilford, CT
Registration Hours: 9:00 a.m. - 3:00 p.m.

For more information, call (203) 453-8200.

OFFICE USE

Date _____

Amount _____

Cash _____

Check# _____

Initials _____