



PCSSD SUMMER MIDDLE SCHOOL REGISTRATION FORM

(Fillable Form)

Please check session(s)
__ Session I
__ Session II

DATE _____

STUDENT'S NAME _____ GRADE _____ DOB _____

PARENT/GUARDIAN NAME _____ PHONE (C) _____

ADDRESS: _____ Free or Reduced Lunch

PARENT EMAIL _____ STUDENT EMAIL _____

**SCHOOL ATTENDED IN 2018-2019 _____ (must fill out this information)

REGISTRATION: Semester I (April 29th - June 12th) / Semester II (May 28th - June 19th)

SUMMER SCHOOL DAYS (Monday - Friday)

SEMESTER I: June 14th - June 21st (7:30 a.m. - 2:45 p.m.) SEMESTER II: June 24th - June 28th (7:30 a.m. - 2:45 p.m.)

Semester I courses will only be offered Session I. Semester II courses will only be offered Session II.

SITE LOCATIONS: Sylvan Hills Middle School Mills Middle School

PCSSD Student(s) Cost: \$150 per session

Non-PCSSD Student(s) Cost \$300 per session

PCSSD students who qualified for the free or reduced lunch during the 2018 - 2019 school year will be eligible for a tuition waiver.

NOTE: All fees must be paid in advance. NO CASH or CHECK PAYMENTS ACCEPTED. ONLY money order payments will be accepted and are non-refundable after the first day of each Summer Session.

Payment Option #1: Parents can make one payment during the registration period. Payment Option #2: Parents can make partial payments during the registration period. A \$50 deposit will be required when submitting the application. The balance is due by the end of the regular registration period. Registration and payment may be made with your school's bookkeeper until **June 5th** for 1st Semester and **June 12th** for 2nd Semester. Students may earn one credit in summer school.

Indicate what grade and place a (1) or (2) in the blank beside the course to indicate the appropriate semester to be taken.

____ Grade ____ English

____ Grade ____ Math

____ Grade ____ Science

____ Grade ____ Social Studies

APPROVAL:

Counselor Signature _____

Parent Signature _____ Student Signature _____

DO NOT WRITE IN THIS SPACE-FOR SCHOOL USE ONLY

Registration Fee \$ _____ Late Fee \$ _____ Total Fees Due \$ _____ Receipt # _____

Payment Method: Money Order _____ Cashier's Check # _____ (NO CASH or Personal Checks)

Payment 1: Date _____ Amt. _____ Receipt # _____ Signature _____

Payment 2: Date _____ Amt. _____ Receipt # _____ Signature _____

PLEASE NOTE: If applicable, please attach a current IEP or 504 Accommodations.