ELEMENTARY SUMMER SCHOOL REGISTRATION FORM
WARD ELEMENTARY SCHOOL

Registration April 10 – MAY 14. Please return this form by May 14, 2008 along with the tuition fee (**cashier's check or money order ONLY – NO CASH OR PERSONAL CHECKS--** made out to **CCISD Summer School**) and mail to:

Susan Scurry, Elementary Summer School Principal
1440 Bouldercrest
Houston, Texas 77062

(Classes with less than 12 students may not be held and refunds will be given.)

Class size is limited, so please register early.

STUDENT'S FIRST AND LAST NAME: _____

1ST Session (8:30am -10:00 am)

COURSE TITLE_____

*Alternate Course_____

_____
School Now Attending Homeroom Teacher

_____
Signature of Parent/Guardian

2nd Session (10:15 am -11:45 am)

COURSE TITLE _____

*Alternate Course _____

Transportation for Summer School: ☐ Car ☐ Bike ☐ Walk

_____
Home Phone Business Phone

EMERGENCY INFORMATION

STUDENT SOCIAL SECURITY NO. _____

PRESENT GRADE (01-05)_____ MALE OR FEMALE_____

DATE OF BIRTH_____HOME PHONE_____WORK PHONE_____

STUDENT NAME_____ _____ _____
Last First Middle

ADDRESS _____ _____ _____
Street Subdivision City, Zip Code

PARENT/GUARDIAN NAME_____ _____
Last First

PARENT/GUARDIAN NAME _____ _____
Last First

Names of persons who may be called in case of minor illness or accident and parent cannot be reached:

NAME _____ PHONE # _____

NAME _____ PHONE # _____

Our family doctor is _____ PHONE # _____
But in an emergency, when no adult member of the family can be reached, I give my permission for the school to obtain immediate medical treatment from a qualified physician.

_____ Signature of Parent/Guardian