

CLAY COMMUNITY SCHOOLS SUMMER SCHOOL STUDENT ENROLLMENT FORM

Class will be held at Northview High School

Tuesday-Friday	June 1-4	8:00 am – 12:30 pm
Monday-Friday	June 7-11	8:00 am – 12:30 pm
Monday-Thursday	June 14-17	8:00 am – 12:30 pm
Monday-Thursday	June 21-24	8:00 am – 12:30 pm

Breakfast and Lunch will be provided each day

Circle the class: Algebra I Algebra II Semester: 1 2

School Last Attended: _____ Grade you will be in **2021-2022** _____

Last Name: _____ First Name: _____ Middle Name: _____

Student ID # _____ **Birthdate:** _____ **Sex:** M or F

Address: _____
(Mailing Address) (City, State) (Zip Code)

Home Phone # _____ Cell Phone # _____

Parent/Guardian (person who child lives with): _____

Mother/Guardian Work Place: _____ Work Phone #:(____) _____

Father/Guardian Work Place: _____ Work Phone #:(____) _____

Emergency Information: Person other than parents to call if your child is ill. This person has your permission to take the child home when called.

Name #1: _____ Phone #:(____) _____ Relationship: _____

Name #2: _____ Phone #:(____) _____ Relationship: _____

Medical Information:

Doctor: _____ Location: _____ Phone #:(____) _____

Does this child have any disease, physical handicap or allergies? YES NO

Describe: _____

Please sign indicating permission to treat student if an emergency happens at school.

Signature: _____ Date: _____

****Attendance is mandatory and students are only allowed 1 absence. Students with more than 1 absence will be removed from the class without a grade. Students with more than a 15-minute tardy to class will be counted absent.***

****Transportation may be provided by Clay Community Schools.***

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Circle the class: Biology ICP Semester: 1 2

School Last Attended: _____ Grade you will be in **2021-2022** _____

Last Name: _____ First Name: _____ Middle Name: _____

Student ID # _____ **Birthdate:** _____ **Sex:** M or F

Address: _____
(Mailing Address) (City, State) (Zip Code)

Home Phone # _____ Cell Phone # _____

Parent/Guardian (person who child lives with): _____

Mother/Guardian Work Place: _____ Work Phone #:(____) _____

Father/Guardian Work Place: _____ Work Phone #:(____) _____

Emergency Information: Person other than parents to call if your child is ill. This person has your permission to take the child home when called.

Name #1: _____ Phone #:(____) _____ Relationship: _____

Name #2: _____ Phone #:(____) _____ Relationship: _____

Medical Information:

Doctor: _____ Location: _____ Phone #:(____) _____

Does this child have any disease, physical handicap or allergies? YES NO

Describe: _____

Please sign indicating permission to treat student if an emergency happens at school.

Signature: _____ Date: _____

****Attendance is mandatory and students are only allowed 1 absence. Students with more than 1 absence will be removed from the class without a grade. Students with more than a 15-minute tardy to class will be counted absent.***

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Circle the class: English 9 10 11 12 Semester: 1 2

School Last Attended: _____ Grade you will be in **2021-2022** _____

Last Name: _____ First Name: _____ Middle Name: _____

Student ID # _____ **Birthdate:** _____ **Sex:** M or F

Address: _____
(Mailing Address) (City, State) (Zip Code)

Home Phone # _____ Cell Phone # _____

Parent/Guardian (person who child lives with): _____

Mother/Guardian Work Place: _____ Work Phone #:(____) _____

Father/Guardian Work Place: _____ Work Phone #:(____) _____

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Name #2: _____ Phone #:(____) _____ Relationship: _____

Medical Information:

Doctor: _____ Location: _____ Phone #:(____) _____

Does this child have any disease, physical handicap or allergies? YES NO

Describe: _____

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Circle the class: **US History** **World History** **Semester:** **1** **2**

School Last Attended: _____ Grade you will be in **2021-2022** _____

Last Name: _____ First Name: _____ Middle Name: _____

Student ID # _____ **Birthdate:** _____ **Sex:** M or F

Address: _____
(Mailing Address) (City, State) (Zip Code)

Home Phone # _____ Cell Phone # _____

Parent/Guardian (person who child lives with): _____

Mother/Guardian Work Place: _____ Work Phone #:(____) _____

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Medical Information:

Doctor: _____ Location: _____ Phone #:(____) _____

Does this child have any disease, physical handicap or allergies? YES NO

Describe: _____

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