

**Windsor High School Summer School
2018 9-12 Enrollment Form
All students attend WHS**

**Don't Delay - Enroll Now
May 29th - June 29th
8:00-11:00
Monday - Friday**

I. Student Information - (please print)

Please use **student's legal name** and **current year** school information

Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

Current Grade Level: _____

Student Address (include physical address if using P.O. Box for mail): _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Emergency Cell Phone: _____

Gender: (circle one) Male Female

Birth Date: _____

II. Choice of Class You Want to Take: (circle one)

No _____

Personal Finance

Lifetime Sports

Health

Credit Recovery

III. ** Parents responsible for transportation

*** Must have a minimum of 12 students**

Enrolled in each class to offer that class

****Photo Release:** I will allow any pictures taken of my child during participation in Summer School to be used for advertising and promotional purposes. **Yes** _____ **No** _____

IV. Health Information

Health problems or concerns

Yes _____ **No** _____

If yes, please describe _____

Is your child now taking medication at school **Yes** _____ **No** _____

Is your child allergic to anything?

Yes _____ **No** _____

If yes, please identify _____

Will your child need medication while in Summer School **Yes** _____

Name of drug _____

*if yes, child must have a medical form on site.

Name and phone number of doctors:

Hospital Preference _____
