

# Summer Session 2009

## Registration Form

Student Name   
Last First Middle

Address   
Street City/State Zip

Contact Info      
Home Phone Cell Phone DOB Gender

2008-2009 School   
 & Address   
Street City/State Zip

Grade Completed Free or Reduced Lunch?

Upon completion of your summer school class(es), will all your graduation requirements be complete?   
Yes/No

Parent/Guardian      
Last First Work Phone Alt Phone

Email Address(es)   
 Emergency Contact      
Last First Phone Relationship

<input type="checkbox"/> I have read and understand the refund and attendance policies	<small>Initials</small>	<input type="checkbox"/> I understand (if applicable) it is my responsibility to provide all IEP/504 documentation	<small>Initials</small>
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### Class Registration

Semester	Course Title	Course Number	Location	Fee
1				<b>\$195</b>
2				<b>\$195</b>
Out-of-District Fee (apply only if you are NOT a BVSD student)				\$20
<b>TOTAL</b>				<b>\$</b>

### Confirmation of Registration

Payment with registration yields automatic enrollment into the requested class(es). If there is a change of location for the class you registered or if the class is canceled, you will be notified via the phone numbers you provided on your registration form.

### Payment Method

- Check: (Make payable to Boulder Valley School District) Check # \_\_\_\_\_
- Cash / Money Order
- VISA/MC Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

I authorize the total payment to this account: Signature: \_\_\_\_\_

### For Office Use Only

Date Received: \_\_\_\_\_ IC \_\_\_\_\_ SPREADSHEET \_\_\_\_\_

Payment Information:

- CASH AMOUNT: \_\_\_\_\_
- CHECK AMOUNT: \_\_\_\_\_
- CREDIT CARD: AMOUNT: \_\_\_\_\_ CONFIRMATION # \_\_\_\_\_
- SCHOLARSHIP YOAB: \_\_\_\_\_ BVSD: \_\_\_\_\_

WITHDRAWN: Date: \_\_\_\_\_ Reason: attd parent admin Spreadsheet \_\_\_\_\_ IC \_\_\_\_\_ Grade Received: \_\_\_\_\_  
 Refund Amount: \_\_\_\_\_ Paid by: \_\_\_\_\_ BVSD Check \_\_\_\_\_ Credit Card confirmation # \_\_\_\_\_