

4J Summer High 2009

Registration & Permission Form

Student Name _____

Student Number _____ Date of birth ___/___/___

Address _____ Zip Code _____

Home Phone _____ Parent Cell _____ Student Cell _____

School Attended 2008-09

____ Churchill HS

____ North Eugene HS

____ Sheldon HS

____ South Eugene HS

____ _____ (other)

Grade level in 2008-09 ____9 ____10 ____11 ____12 Check if applicable: ____IEP ____ELL

COURSE SELECTION

Algebra 1 ____ Session 1: MW 8-11 ____ Session 2: TTh 8-11

English/Writing ____ Session 1: MW 8-11 ____ Session 3: MW 12:30-3:30

English/Literature ____ Session 2: TTh 8-11 ____ Session 4: TTh 12:30-3:30

Social Studies ____ Session 1: MW 8-11 ____ Session 2: TTh 8-11
____ Session 3: MW 12:30-3:30 ____ Session 4: TTh 12:30-3:30

Biology ____ Online course (personal assistance by appointment)

Counselor Name (print) _____

Counselor Signature _____ Date ___/___/___

Statement of Parent Permission

Parents/Guardians:

Students may be asked to participate in off-campus activities as part of their 4J Summer High course work. We intend these activities to be of significant educational value. We also recognize your right as a parent/guardian to decide whether or not your child will participate. --4J Summer High Staff

My approval is hereby given for _____ (child's name) to participate in planned off-campus activities as part of his/her 4J Summer High education. I understand that students will be given advance information regarding each planned activity.

Parent/Guardian Signature _____ **Date** ___/___/___

To be completed by 4J Summer High Office

Date registered _____ Number of classes ____ Cross-enrolled ____ Courses Scheduled ____ Free/Reduced ____ Payment \$ ____ Receipt # _____