UNIVERSITY HIGH SUMMER SCHOOL 2006
JUNE 12 THROUGH JULY 14
REGISTRATION FORM
PLEASE FILL OUT COMPLETELY (PLEASE PRINT CLEARLY)

Student Name_________________________________________________SS # ___ ___ - ___ ___ - ___ ___ ___ ___
Address_______________________________________City____________________State_______   Zip_______________
Parent/Guardian Name__________________________________________Home Phone____________________________
Date of Birth______________________                                            Emergency Phone(_____)_________________________
School you Regularly Attend___________________________________
Year in School for Fall Semester 2006 (circle one):      09      10     11     12

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<thead>
<tr>
<th>SUMMER SCHOOL COURSE NAME</th>
<th>TIME</th>
<th>DAYS</th>
<th>ROOM #</th>
<th>CREDIT</th>
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U-HIGH STUDENTS: Are you taking a summer school course for grade improvement?  (Circle one)    YES    NO
If yes, Course Name___________________________________

REGISTRATION: All students register in the U-High attendance office between the hours of 7:30am - 4:00pm. ANYONE
REGISTERING AFTER 4:00 p.m. JUNE 9 WILL PAY A $25.00 LATE FEE!

We, the undersigned, acknowledge that ten hours of absence for any reason results in immediate withdrawal.  The fee is $200 per
class; ½ credit per class.  Please make checks payable to University High School.

REFUND POLICY: In the case of student withdrawal from class(es) during the first three days, there will be a $20 per day, non-
refundable processing fee deducted from the total refund. NO REFUND REQUESTS WILL BE HONORED AFTER THE THIRD DAY
OF THE CLASS.  In case of closed or canceled classes, a full refund will be issued as soon as possible. All other refunds will be issued
after the close of all summer school classes.

YOU MUST HAVE THIS FORM COMPLETE WITH SIGNATURES AND THE PROPER PAYMENT BEFORE YOU WILL BE ABLE TO
REGISTER.

_____________________________________________      _________________________________________
Student Signature       Parent Signature
_____________________________________________
Guidance Counselor Signature

Classes are subject to cancellation:  You will be informed by the U-High Main Office.

FOR OFFICE USE ONLY:
___/___/___Fees paid in full    ___/___/___ Refund Issued $__________
Date:______________
$__________Amount Paid       ___/___/___ Student Withdrawn
Check #_____________   Receipt # (Cash paid)__________________

RETURN TO STUDENT
June 12 to July 14, 2006
SUMMER SCHOOL

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Amount Paid $__________ Check/Receipt #___________ Date Rec’d: ______________