

BEAVERCREEK CITY SCHOOLS – SUMMER ENROLLMENT INFORMATION FORM

To Be Filled Out By Parent / Student

| | | | | |
|--|---|---|------------------------------------|-------------------------------|
| Student's Legal Last Name | Student's Legal First Name | Student's Legal Middle Name | Called Name | Sex |
| | | | | M F |
| School District of Residence | | Most Recent School Building of Attendance | | Grade Level Just Completed |
| | | | 8 9 10 11 12 | |
| If not BEAVERCREEK, please supply School Building and Address: | | | | |
| Student's Home Address | | Apt | City | State Zip |
| | | | | |
| Home Phone | Cell Phone | Is this student currently on an Individualized Education Program (IEP)? | | |
| | | N | Y | If yes, what type of program? |
| Emergency Contact | | Relationship | Emergency Contact Telephone Number | |
| | | | | |
| Summer School Course Requests | Which Session of Summer School will you be attending? | | | |
| | <input type="radio"/> | Credit Recovery (5 weeks) | | |
| | <input type="radio"/> | | | |

| | |
|----------------------------|---------|
| For Office Use Only | |
| Payment Information | |
| Payment Date: | |
| Cash Amount: | |
| Check Amount: | Check # |
| Credit / Debit: | |

Parents Signature

Date