

2024 SUSD Summer School Registration

DATE: _____

STUDENT NAME: _____

LAST

FIRST

CURRENT SCHOOL ATTENDING: _____

(Where grade sheets will be mailed)

PARENT/GUARDIAN NAME: _____ CONTACT PHONE: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

Parent Email: _____ Student SUSD Email: _____

EMERGENCY CONTACT: _____ PHONE: _____

(Other than parent)

Is your student taking Summer School for? _____ Get Ahead Credits _____ Credit Recovery

Does your student have a current _____ IEP _____ 504

CLASS TITLE _____ SEMESTER A \$ _____
*SEMESTER A

CLASS TITLE _____ SEMESTER B \$ _____
*SEMESTER B

*Students/Parents make sure you match the correct semesters: A with A and B with B.

(After May 3, 2024) Late Fee: \$ _____

TOTAL Balance \$ _____

Balance Still Owed \$ _____

I understand refunds are permitted **only** in the event that S.U.S.D. #30 cancels a class and refunds will not be issued for any other reason.

I understand that if any of the information on this form is false, the student may be withdrawn from program.

I understand that all Sahuarita Unified School District policies are enforced during high school summer school.

I understand that **only one (1) absence is permitted per semester (regardless of excuse)** prior to being dropped from a semester class.

I have read and understand the information provided in the Summer School packet.

Student Name (Print)

Student Signature

Date

Parent Signature

Date