

CHAMINADE JULIENNE SUMMER COURSE REGISTRATION 2017

Student Name: _____ Current Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parent/Guardian: _____

Parent/Guardian Contact Phone #: _____

Parent/Guardian Contact Email: _____

2nd Emergency Contact: _____ (Name) _____ (Relationship) _____ (Phone)

Circle the course(s) for which you are registering. Pay careful attention to the times courses are offered as there are attendance requirements for each course. Return this form and payment to CJ's Business Office. Registration is on a first-come, first-served basis based on student grade level until March 15, 2017.

Physical Education-0.25 credit
8:00 am – 12:00 pm
June 5 – June 23, 2017

Health-0.50 credit
Online with 3 meeting sessions on June 5, 27, and 28
June 5 – June 28, 2017

Art-0.50 credit
Times arranged with K12 Tejas Gallery. Course
must be completed by August 11, 2017

- ◆ Students must be registered for the 2017 – 2018 school year.
- ◆ The fee is \$190 per course.
- ◆ The payment must accompany this registration for it to be considered complete.
- ◆ Our REFUND policy is as follows: If a refund request is made, the refund will be prorated based on the number of days the student attended class. Zero credit will be given.
- ◆ All regular school rules apply. Proper out of uniform attire is expected on class meeting days.

An updated or current Emergency Medical Form MUST be on file with CJ.

I have read and understand the summer guidelines (found on the Academic page of the CJ website) for the course(s) for which I am registering.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use:

Registration Date: _____ Time: _____

Form of Payment: Check # _____ Cash

Emergency Medical Form turned in: YES NO