



Summer School Registration Form 2018

Middle School & High School Each Session:

KD 160 ASK Students

KD 175 Non-ASK Students

Please complete and return to the ASK Business Office with full payment.

Student Information

Student Name:	Date of Birth:	
Current School:	Grade Level Completed:	
Parent Name:	Home Phone:	Mobile:
Allergies or Special Medical Needs:		

Emergency Procedures - If the Summer School Principal, nurse, secretary or teacher are unable to contact me regarding my sons/daughter's health, or in the case of an emergency, I hereby authorize a Summer School official to contact appropriate medical personnel to address his/her needs.

Parent Signature: _____

Session Information

Session	Class/Program Name	Course Code (See Brochure)	Fees
Session 1 (June 9th-14th 9:00 a.m. – 11:00 a.m.) (June 18th-28th 8:30 a.m. – 11:00 a.m.)			KD
Session 2 (June 9th-14th 11:00 a.m. – 1:00 p.m.) (June 18th-28th 11:00 a.m. – 1:30 p.m.)			KD
*Session 3 (June 9th-14th 1:00 p.m. – 3:00 p.m.) (June 18th-28th 1:30 p.m. – 4:00 p.m.)			KD
Behavior Information		Total Amount Due	KD

*Session 3 is only available to students enrolled in all 3 sessions

By signing below, you acknowledge that full attendance is mandatory and more than two behavior referrals from any ASK staff member will result in the immediate dismissal of my son/daughter from the Summer School program. There will be no refund of tuition.

Parent Signature: _____

Student Signature: _____

ASK Credit Information

High School Credit – In order for a student to receive a .5 credit for courses taken at ASK Summer School, the student must have received a failing grade at their present school in the same course he/she is applying for. This must be confirmed by the student's current Guidance Counselor, who must fill out the information below. Students will not be permitted to enroll unless this info is completed. The ASK Summer School program is for credit recovery.

Guidance Counselor's Name: _____

Guidance Counselor's Signature: _____

Date: _____