*LEP Secondary Summer School- Frank Church High School
Summer 2009 Registration Form

_____ _____ _____
LAST NAME **FIRST NAME** **OTHER NAME**

Grade Level Fall 2009: □ 9 □ 10 □ 11 □ 12 □ 2009 Summer Graduate

Home School for Final Transcripts:
□ Boise □ Timberline
□ Borah □ Frank Church
□ Capital □ Boise Language Academy
□ Other: _____

Sex: □ Female □ Male **Birth date**: ____/____/_____ **Student ID** #_____

Parent/Guardian Information:

Name:_____

Resident Address:_____

City:_____ State: _____ Zip Code:_____

Home Phones: _____

Work Phone (Father):_____ (Mother):_____Cell:_____

Emergency Contact:

Name:_____ Relationship:_____

Phone Number (work):_____ (home):_____Other:_____

LEP

*Students must qualify as "LEP" to register.
See school ELL staff or call Susan Carroll at 854-5893 if uncertain of LEP status.

SESSION A CLASSES
CLASSES ARE ALL DAY
JUNE 9 – JULY 2
8:00 AM- 4:00 PM

Check course selection and circle semesters needed:

	Semester	
☐ Amer. Govt. E	1	2
☐ English 9 E	1	2

SESSION B CLASSES
CLASSES ARE ALL DAY
JULY 6 – July 31st*
8:00 AM- 4:00 PM

Check course selection and circle semesters needed:

	Semester	
☐ Economics E	1	*(July 6-July 17 only)
☐ English 11 E	1	2
☐ English 12 E	1	2

_____ _____ _____
COUNSELOR'S SIGNATURE SCHOOL PHONE NUMBER

I have read the attached summer school policies and procedures section of the summer school registration packet. I am fully aware that daily attendance is required in order to receive credit. I understand that two days is the maximum number of absences allowed. My signature indicates I agree that I, or my son and daughter, will follow school policies as stated in this packet.

_____ _____ _____
STUDENT SIGNATURE **PARENT SIGNATURE** **DATE**

Please fax to: Sharon Hutton at the DSC (854-4007) *and*
Send the hard copy to: Derek Gardner at Frank Church