

LUCIA MAR UNIFIED SCHOOL DISTRICT
2016 SUMMER SCHOOL REGISTRATION
Lopez High School Students

June 12 – June 30, 2017 8:00 a.m.–1:00 p.m. @ Lopez High School

Legal Name _____ ID# _____ Current Grade Level _____

Home Address _____ City _____

Zip _____

Mailing Address _____ City _____

Zip _____

Phone _____ E-mail _____ Date of Birth _____

This three week Summer School session is for any student wishing to work on Capstone, recover credit through Odyssey, and those in need of PE, Visual and Performing Arts, or elective credits. You will be able to earn up to 10 credits depending on your work ethic. Fifth year seniors must attend this Summer School session.

My child has the following (circle one): 504 -OR- IEP for: Resource / Speech (only)

PERMISSION FOR EMERGENCY CARE: (Applications will not be accepted without this information.) In the event of an emergency, the school will make every effort to contact you immediately.

My child has the following health problems:

Your Name Relationship to Student School time Phone #

If you cannot be located at once, we will call the person/agency you list below:

1.

Name Relationship to Student School time Phone #

2.

Name Relationship to Student School time Phone #

If we are unable to reach your student's legal guardian at any of the above, your signature below signifies permission for us to contact emergency medical attention.

I understand that my child must attend summer school daily and I will support the above.

—
Parent signature

date

I commit to attending summer school the first day and every day and to completing my work satisfactorily.

—
Student signature

date