

Date: _____

Summer School Late Registration Only

(This document must be signed by either a counselor or school principal to be valid)

All information below is required

Student ID#	
Student Name (please print):	
Address:	
City:	Zip Code:
Home Phone:	
Home School:	District:
Grade:	<input type="radio"/> IEP <input type="radio"/> 504 <input type="radio"/> ESL
	Counselor: Cell Phone:
Parent/Guardian Name:	Work Phone:
Counselor/Principal Signature:	

Classes

English

Math/Science

Health/Phys Ed

History/Social Studies

Regents Exam Review

Regents Exam

Comments: