Office Use Only
Date Entered

Cleveland Heights High School
2009 Summer School
Registration Form
(Please Print One Letter Per Box)

Office Use Only
Paid Cash
Receipt #

Sex | Date of Birth | Grade | CH-UH Student I.D. Number | Home Phone Number

Student's Last Name | Student's First Name | Work Phone Number

Student's Address: Number and Street | Zip Code

Parent/Guardian Last Name | Parent/Guardian First Name

Send Summer School Credit to:

(Name of School, if other than Cleveland Heights High School)

School Address: Number and Street

Parent/Guardian must initial each statement and sign below.

_____ I understand that the summer fee does not include any accident insurance and that the Board of Education assumes no liability.

_____ I understand that my child must be a resident of the Cleveland Heights-University Heights School District in order to be eligible to attend summer school.

_____ I have read and understand the summer school regulations regarding attendance, absences, and tardiness.

Parent/Guardian Signature Date

☐ Check if you are a July Graduate – Code #130099-01

_____
High School Counselor's Signature (Attach Change Form)

Course Number	Section	Course Name	Meeting Time	Fee

**Late Registration Fee after June 13, 2009 of $25.00 per course (space permitting) TOTAL DUE:

**Cash or Money Order for the tuition must accompany registration form. Money Orders should be made payable to: Cleveland Heights - University Heights Board of Education. Please place the student's name on the memo line of the Money Order.

Emergency Medical Authorization

Purpose: To enable parents to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached. Part I or II must be completed.

PART I TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (phone number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or, in the event the designated preferred practitioner is not available, by other licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed. Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted _____
_____.

_____
Signature of Parent/Guardian

PART II REFUSAL TO CONSENT - DO NOT COMPLETE PART II IF YOU COMPLETED PART I

I do not give my consent for emergency medical treatment of my child in the event of illness or injury requiring emergency treatment. I wish the school authorities to take no action or to: _____.

_____
Signature of Parent/Guardian