

ISLE OF WIGHT COUNTY SCHOOLS
High School Summer Program 2019
Student Registration Form

Please Print

Current Home School _____

Student Name _____
Last First Student ID

Parent/Guardian _____
Last First

Address _____
Street or PO Box City/County State

Contact Information _____
Cell/Home Number

Email Address for Log-In _____

Confirm Email _____

Emergency Contact _____
Name Phone Number Relationship to Student

Please check only (1) of the following courses in which the student is enrolling:

- PE/Health 9
- PE/Health 10 (Not inclusive of in-classroom section of Driver's Education) _____ Parent Initial
- Economics and Personal Finance

Cost for IWCS Students: 250.00 _____ Cost for Non IWCS Students: 290.00 _____

GUIDANCE SECRETARY:

Tuition Paid Yes Partial - Amount: _____

Payment Method Cash Check # _____ Receipt # _____

I agree to abide by the policies and rules set forth by Isle of Wight County Schools and the Summer Program administration. The course will be rigorous and all work will be turned in on time. I understand that I will be dismissed from summer school and forfeit tuition if I do not abide by these policies and rules.

Signature of Student Date

Signature of Parent Date

Print Name of Guidance Counselor/Designee Date

Signature of Counselor/Designee Date