



WJCC 2019 SUMMER PROGRAM REGISTRATION

All high school summer school classes will be held at Warhill High School

Please see your School Counselor to complete the registration form

NO EARLY REGISTRATION—Summer Registration May 6 – June 7, 2019

Costs: Acceleration \$300 (see school counselor for tuition assistance) Credit Recovery \$150

For Office Use Only

Fee Waived:	_____
Late Fee:	_____
Cash Total:	_____
Check Total:	_____
Check No.:	_____
Receipt No.:	_____

Student Name: _____ Student ID: _____

School Attended in 2018-2019: _____ Grade: _____ Date of Birth: _____

Student's Parent/Guardian Name: _____ Email Address: _____

Address: _____

Resident (check one): James City Williamsburg Home Phone: _____ Work Phone: _____

Does the student have a current 504 plan? Yes No Does the student have a current IEP? Yes No

Please list any allergies or health concerns: _____

PARENT/GUARDIAN APPROVAL: I certify that I am the parent/legal guardian of the student named on this form. I give permission for his/her attendance at High School Summer School. I understand that summer school is an extension of the regular school year and that all disciplinary policies of Williamsburg-James City County Public Schools will continue to be in effect during the summer school program. Out of district students are responsible for reading and understanding the WJCC Student Rights and Responsibilities Handbook. I understand that all medications must be registered and dispensed through the summer school office and that **a parental note is required for all medications.**

In case of emergency, please notify the following person(s) in this order:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

IN CASE OF SEVERE INJURY OR ILLNESS, I GIVE CONSENT FOR MY CHILD'S TRANSPORT AND TREATMENT BY EMERGENCY PERSONNEL. PARENT REMAINS RESPONSIBLE FOR ALL TRANSPORTATION AND MEDICAL EXPENSES.

Parent/Guardian Signature: _____ Date: _____

This portion is to be filled out and signed by your School Counselor

Please reference the summer school information flyer to see which courses are being offered and indicate a first and second choice in case the first choice is full.

	Course Name	SOL Passed – Yes/No/NA
1 st choice		
2 nd choice		

Student STI #: _____

Is this student a senior who plans to graduate in August? Yes No

If this student is a senior, has the student fulfilled the requirements for the Senior Research Paper? Yes No

School Counselor Approval: _____ Date: _____