



WJCC 2019 SUMMER PROGRAM REGISTRATION

ECONOMICS AND PERSONAL FINANCE ONLINE

Please turn in completed registration form to your School Counselor by May 24, 2019

Summer Program Dates: June 25 - August 1, 2019

Please read the EPFO flyer that accompanies this registration form for additional details.

Student Name: _____ Student ID: _____

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

Test of Online Learning (<http://cs.txwes.edu/tools/>) Results (**required prior to enrollment**): _____

Student's Parent/Guardian Name: _____

Address: _____

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

Because you selected Course #6120: Economics & Personal Finance during the course request process but will now be taking it over the summer, please choose a course to replace Course #6120: Economics & Personal Finance in your schedule for the 2019-2020 school year:

1st Choice: Course #: _____ Course Name: _____

2nd Choice: Course #: _____ Course Name: _____

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 the 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 course is offered strictly online; however, if students need a computer lab in order to complete assignments, there is one available.