

2017 CCHS Summer School Registration

May 30 – June 9 and July 24 - July 28

Transportation is **not** provided

Make registration checks payable to Clear Creek High School

Cash or personal checks will be accepted.

For more information call Jeff Miller or Kristin Kuczera @ 303/679-4600

ALL information is required.

Please print legibly:

Student's Name _____ Last Grade Completed _____

Parent's Name _____

Mailing address (Street or PO Box, City, Zip) _____

Home phone _____ Parent Cell _____ Parent Work phone _____

Parent email _____

Student email _____

Emergency Contact Name (When parent cannot be reached) _____

Relationship to student _____

Phone _____

Course information:

Course(s) required for summer school: (Maximum of 2 courses; \$225 per course)

1) _____ 2) _____

Session (choose one):

8:30am-10:30am _____

10:30am-12:30pm _____

Parent orientation (Required)

Please check the May 30 orientation parent will attend. (Please allow one hour):

8:00am 5:30pm

Total tuition enclosed: \$ _____

Note: Failure to complete the above information may result in a student to be registered in the wrong course. Registration will not be accepted without payment. Please make checks payable to Clear Creek High School.

By my signature below, I indicate that I understand that my son/daughter is required to attend from May 30- June 9 during the session indicated above. My son/daughter will need to complete all of his/her summer school coursework by July 22. If s/he chooses not to finish by this date, s/he will be required to attend the 3rd week of summer school from July 24-July 28. I, the parent/guardian, also agree to attend a mandatory parent orientation during the time indicated above. I understand that if my son/daughter fails to complete the summer school course(s), fees are forfeited, an 'F' will be recorded on the official transcript and grade retention may occur.

Parent/guardian signature _____ Date _____

Student signature _____ Date _____

**Office use only: Date _____ Check # _____ Amount \$ _____ Initial _____