CHESAPEAKE PUBLIC SCHOOLS

**MIDDLE SCHOOL SUMMER LEARNING REGISTRATION FORM**

PLEASE PRINT ALL INFORMATION

Home School: _____ Current Grade _____ Out of District □ Yes □ No

Summer School Site: ☐ GFH ☐ WBH

**STUDENT NAME**_____

*Last* *First* *Middle*

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |

Student ID

Date of Birth _____
MM/DD/YY

Ethnicity: □ Hispanic □ Non-Hispanic
Race:
□ American Indian or Alaskan Native
□ White
□ Native Hawaiian or Other Pacific Islander
□ Black or African American
□ Asian

Gender ☐ Male ☐ Female

Address_____

House # Street City/State/Zip

**PARENT/GUARDIAN NAME** _____

Home Telephone (_____) _____ Cell Telephone (_____) _____

Person to contact in case of emergency: _____

Name Telephone

**COURSE SELECTION**

| COURSE NO. | COURSE NAME | SESSION *(1 = Session 1; 2 = Session 2; E = Enrichment)* |
|---|---|---|
| | | |
| | | |

I grant approval for this student to take the course(s) indicated.

_____ _____

*Parent/Guardian Signature* *Date* *School Counselor Signature* *Date*

**FOR SCHOOL USE ONLY**

**Does this student:**

Have an IEP or a 504 Plan? ☐ Yes ☐ No
*If yes, please attach IEP or Plan.*

Require special transportation due to a disability? ☐ Yes ☐ No

Require an interpreter? ☐ Yes ☐ No

Receive ESL services ☐ Yes ☐ No

Require any medical treatment or medication to be administered during Sumer School? ☐ Yes ☐ No

Please specify treatments, medications, or other health concerns: _____