

OHM BOCES Regional Summer School 2009
Junior High Registration Form

Student and Course Information

School District: _____
Student's Name: _____ Date of Birth: _____ Gender: _____
Home Address: _____ Phone: _____
Parent(s)/Guardian(s)'s Name: _____
Grade Completing: _____ Special Education Student: Yes or No
Course Selection 1: _____
Course Selection 2: _____

Guidance Section

Special Education Requirements (if applicable)

Test modification personnel: Our Own School District or Additional BOCES Contract

Test modification Requirements: IEP or 504

(Test modification portion must be attached)

Counselor's Name: _____ **Phone:** _____ **Signature:** _____

Parent/Guardian and Student

Please fill out and return to guidance counselor.

Mother's Name: _____ **Home phone:** _____

Work phone: _____

Cell phone: _____

Father's Name: _____ **Home phone:** _____

Work phone: _____

Cell phone: _____

Emergency Contact: _____ **Phone:** _____

Emergency Authorization/Medical Concerns

Should an emergency arise that requires immediate action, I authorize BOCES to take my child to the nearest first aid available or to a hospital by ambulance, if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

If the student has special conditions, requirements, allergies, medications or anything else that school authorities should know about, please state here.

I have read, understand and will comply with the rules of summer school as set forth in the brochure.

I also understand and agree that under no circumstances will my child's class period be changed, nor will any exceptions be made to the attendance policy. (See policy.)

Student's Signature: _____ **Date:** _____

Parent/Legal Guardian's Signature: _____ **Date:** _____