

**OHM BOCES Regional Summer School 2009
High School Registration Form**

Section 1

School District: _____
Student's Name: _____ Gender: M or F Date of Birth: _____
Home Address: _____ Phone: _____
Parent(s)/Guardian(s)'s Name: _____
Grade Completing: _____ Special Education Student: Yes or No
Course Selection 1: _____
Course Selection 2: _____
Tutorial Selection: _____
Exam(s) -
Selection 1: _____ Selection 3: _____
Selection 2: _____ Selection 4: _____
Counselor's Name: _____ Phone: _____ Signature: _____

Section 2 - To be filled out by the parent/guardian, then returned 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 policies 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: _____

Section 3

**Walk-in Exam Registrants
&
Driver Education Students
Please attach
Photo/License
HERE**

SPECIAL EDUCATION ONLY

If this student requires additional personnel to implement required resource or testing modifications, we request that the resource/modification be provided:
_____ by our Own School District
_____ by BOCES Personnel
Please attach I.E.P. to this form.