



SUMMER SCHOOL, INC.

OFFICE USE ONLY	
CHECK# _____	AMOUNT \$ _____ M.O.
# _____	PayPal # _____ Date
Received _____	

## Get Ready for Middle School Math Non-Credit Enrichment Class Registration Form

### Directions

- Complete the registration form in blue/black ink (please print) and submit by **April 16 the GEF Summer School Office – 223 N. Jackson St., Room 110, Glendale 91206**, or the GEF Summer School mailbox, 1125 E. Broadway #356, Glendale 91205. Phone is (818-247-0466). Confirmations will be sent in early May.
- Attach a personal check, money order (payable to GEF Summer School) or receipt of credit card payment (if paid online through GEF Summer School website [www.gefsummerschool.org](http://www.gefsummerschool.org) ) with student’s name noted on payment.

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

First Name: \_\_\_\_\_ aka: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_

Number and Street	Apt#	City,	Zip
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School of Attendance in 2018-19: \_\_\_\_\_ 2018-19 Grade Level: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_

Name	Relationship	Phone
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### EMERGENCY MEDICAL RELEASE

I understand that in case of emergency requiring medical treatment for my child, I may not be available for consent and that treatment may be withheld without my prior consent. **Therefore, in case of a medical emergency, GEF Summer School is authorized to call 911 and to have such attention given to my child as deemed necessary by the paramedic, nurse, physician, or hospital in charge.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Tuition: \$150.

**Classes filled on a first come, first served basis.**

June 17 to July 2, 2019 or July 3 – 19, 2019 from 8:00 am to 10:30 am

Please select preferred location:      Glendale High                      Crescenta Valley High

### MEDICAL INFORMATION

Please list any medical conditions or allergies:

\_\_\_\_\_  
Will the student need to take medication during school hours?    Yes    No

Name of Medication: \_\_\_\_\_

Name of Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**BEHAVIOR & STUDENT CONDUCT—Rules, policies and procedures are available online [www.gefsummerschool.org](http://www.gefsummerschool.org)** My student and I understand that my student is required to abide by GEF Summer School rules, policies (available on the summer school website: [www.gefsummerschool.org](http://www.gefsummerschool.org)) as well as the laws for student behavior according to California Education Code. Failure to comply with the above mentioned rules for student behavior/conduct may result in the dismissal of my student from the GEF Summer School with **no refund**.

**Drop Policy:** Students who drop summer school must fill out a drop slip **before** the end of the semester. Drop slips are located at the desk of the GEF Summer School Registrar, and on the GEF Summer School website, [www.gefsummerschool.org](http://www.gefsummerschool.org). Parent and student signatures are required. Textbooks must be returned. No refund is given. This action is final.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### GEF Summer School, Inc. Nondiscrimination Policy

The GEF Summer School, Inc. admits in its summer school program students of any race, color, religion, gender, sexual orientation, national origin and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the summer school. It does not discriminate on the basis of race, color, religion, gender, sexual orientation, national or ethnic origin in the administration of its educational policies or other programs it administers.