

**SUMMER SCHOOL REGISTRATION FORM
GERMANTOWN SCHOOL DISTRICT**

Use one form for each student

- | | | |
|------------------------|-------------|------------|
| 1. Course Title: _____ | Time: _____ | Fee: _____ |
| 2. Course Title: _____ | Time: _____ | Fee: _____ |
| 3. Course Title: _____ | Time: _____ | Fee: _____ |
| 4. Course Title: _____ | Time: _____ | Fee: _____ |

Student's First and Last Name: _____ Date of Birth: _____

Address: _____ Current Grade: _____

City: _____ Zip: _____ Current School: _____

Parent/Guardian Name: _____ Home Phone: _____

Primary Parent/Guardian's Work Phone #: _____ Cell Phone #: _____

Secondary's Work Phone #: _____ Cell Phone #: _____

Emergency Contact Name: _____ Emergency's #: _____

List any special health conditions we should be aware of (e.g., peanut allergies, bee sting allergies, medications.)

I give permission for my child to receive emergency medical care and be transported to a medical facility if I cannot be reached.

Parent Signature: _____ Date: _____

Technology Use Agreement

Parent Commitment: My child has my permission to use resources available on the Internet during summer school.

Parent Signature: _____ Date: _____

Student Commitment: I commit to being a responsible user of the Internet during summer school.

Student Signature: _____ Date: _____

REGISTRATION DEADLINE IS FRIDAY, MAY 5TH.

Make checks payable to the Germantown School District and mail to:

Germantown School District
Office of Teaching and Learning
N104W13840 Donges Bay Road
Germantown, WI 53022