

Forms due by Thursday, APRIL 17th
SERVICES _____

COURSE# _____

SPECIAL

CLAY COMMUNITY SCHOOLS
SUMMER SCHOOL STUDENT ENROLLMENT FORM
CREDIT RECOVERY

Class will be held at Northview High School

| | |
|-------------|--------------------|
| May 27 - 30 | 7:30 am – 12:00 pm |
| June 2 - 5 | 7:30 am – 12:00 pm |
| June 6 | 7:30 am – 11:30 am |
| June 9 - 13 | 7:30 am – 11:30 am |

Breakfast will be provided each day

Circle the class: **English 9 10 11 12** Semester: **1 2**

School Last Attended: _____ Grade you will be in **2025-2026** _____

Last Name: _____ First Name: _____ Middle Name: _____

Student ID # _____ Birthdate: _____ Gender: M or F

Address: _____
(Mailing Address) (City) (Zip Code)

Home Phone # _____ Cell Phone # _____

Parent/Guardian (person who child lives with): _____

Mother/Guardian Work Place: _____ Work Phone #:(_____) _____

Father/Guardian Work Place: _____ Work Phone #:(_____) _____

Emergency Information: Person other than parents to call if your child is ill. This person has your permission to take the child home when called.

Name #1: _____ Phone #:(_____) _____ Relationship: _____

Name #2: _____ Phone #:(_____) _____ Relationship: _____

Medical Information:

Doctor: _____ Location: _____ Phone #:(____) _____

Does this child have any disease, physical handicap or allergies? YES NO

Describe: _____

Please sign indicating permission to treat student if an emergency happens at school.

Signature: _____ Date: _____

****Attendance is mandatory and students are only allowed 1 absence. Students with more than 1 absence will be removed from the class without a grade. Students with more than a 15-minute tardy to class will be counted absent. *Transportation will not be provided.***

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Circle the class: **Algebra I** **Algebra II** Semester: **1** **2**

School Last Attended: _____ Grade you will be in **2025-2026** _____

Last Name: _____ First Name: _____ Middle Name: _____

Student ID # _____ Birthdate: _____ Gender: M or F

Address: _____
(Mailing Address) (City) (Zip Code)

Home Phone # _____ Cell Phone # _____

Parent/Guardian (person who child lives with): _____

Mother/Guardian Work Place: _____ Work Phone #:(____) _____

Father/Guardian Work Place: _____ Work Phone #:(____) _____

Emergency Information: Person other than parents to call if your child is ill. This person has your permission to take the child home when called.

Name #1: _____ Phone #:(____) _____ Relationship: _____

Name #2: _____ Phone #:(____) _____ Relationship: _____

Medical Information:

Doctor: _____ Location: _____ Phone #: (____) _____

Does this child have any disease, physical handicap or allergies? YES NO

Describe: _____

Please sign indicating permission to treat student if an emergency happens at school.

Signature: _____ Date: _____

****Attendance is mandatory and students are only allowed 1 absence. Students with more than 1 absence will be removed from the class without a grade. Students with more than a 15-minute tardy to class will be counted absent. *Transportation will not be provided.***