# **Lake Placid Middle/High School - Summer School**

**STUDENT REGISTRATION**

Monday, June 25 and Tuesday, June 26, 2018

8:00 a.m. - 2:00 p.m. in the Lake Placid Middle/High School Guidance Office

Registration must be completed **in person** in the Guidance Office at the Lake Placid Middle/High School

## **PLEASE PRINT**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone ------

Non-Custodial Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Work / Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Work / Cell Phone \_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: Phone #:

# PLEASE CIRCLE OR INITIAL NEXT TO APPROPRIATE COURSES

|  |  |  |
| --- | --- | --- |
| 6th grade English/Social Studies | |  |
|  |  |  |
| English 6/7/8 | Science 6/7/8 | Math 6 |
| English 9/10 | Living Environment 1A | Math 7/8 |
| English 11/12 | Living Environment 1B\* | Algebra |
|  | and Biology\* | Geometry |
| Social Studies 7/8 | Chemistry\* |  |
| Global I | Earth Science\* | Economics |
| Global II |  | Government |
| U. S. History |  | Health |
|  |  |  |

\*Lab requirement must be met for enrollment in this course. Lab completion forms must accompany registration for Chemistry, Living Environment B and Earth Science

Signature on this form certifies that all immunization requirements have been met.

Does this student have an **IEP or 504?** Yes No (If yes, please provide a copy of the student's IEP/504 and testing modifications).

Date Signature of Principal or Counselor