



Office of High School Leadership

1010 E. 10th Street ♦ Tucson, AZ 85719 ♦ (520) 225-6422 (phone) ♦ (520) 225-6186 (fax)

SAHUARO HIGH SCHOOL SUMMER SCHOOL STUDENT APPLICATION

PLEASE CHECK ONE: CREDIT RECOVERY ACCELERATION OTHER TUSD Student? Yes No

HIGH SCHOOL CURRENTLY ATTENDING: _____ GRADE FOR 2010-2011 SY: _____

SUMMER SCHOOL SITE: _____ MATRIC # _____

STUDENT NAME: (AS IT APPEARS ON BIRTH CERT.) _____ DATE OF BIRTH: _____
LAST NAME FIRST NAME M.I.

ADDRESS: (WHERE STUDENT RESIDES) _____
STREET ADDRESS CITY STATE ZIP CODE

PARENT/LEGAL GUARDIAN NAME: (WITH WHOM STUDENT RESIDES) _____
LAST NAME FIRST NAME HOME PHONE CELL PHONE

GENDER: F M ETHNICITY: Hispanic? Yes No

RACE: White Black or African American Asian
 American Indian or Alaskan Native Native Hawaiian or other Pacific Islander

EMERGENCY CONTACT (Other than Parent):
NAME: _____ RELATIONSHIP: _____ HOME PHONE: _____ CELL: _____

1st Semester: June 1 – June 15, 2011 2nd Semester: June 16 – June 30, 2011
SUMMER SCHOOL FEE: \$45 NON-REFUNDABLE FEE

Will you be able to graduate upon completion of your summer school course work? Yes No
Do you have an IEP or 504 plan? Yes No If yes, please provide a copy to our office prior to start of summer school.

This application must be completed and turned in at the time of registration. There are a limited number of scholarships available on a first come, first served basis.

Please check the course(s) the student will take in summer school.

1st Semester:

<input type="checkbox"/> English 9	<input type="checkbox"/> English 12	<input type="checkbox"/> Spanish 1	<input type="checkbox"/> American Government	<input type="checkbox"/> Geometry I
<input type="checkbox"/> English 10	<input type="checkbox"/> World History		<input type="checkbox"/> Physical Ed	<input type="checkbox"/> Algebra
<input type="checkbox"/> English 11	<input type="checkbox"/> U.S. History		<input type="checkbox"/> Health	<input type="checkbox"/> Intermediate Algebra

2nd Semester:

<input type="checkbox"/> English 9	<input type="checkbox"/> English 12	<input type="checkbox"/> Spanish 2	<input type="checkbox"/> American Government	<input type="checkbox"/> Geometry I
<input type="checkbox"/> English 10	<input type="checkbox"/> World History		<input type="checkbox"/> Physical Ed	<input type="checkbox"/> Algebra
<input type="checkbox"/> English 11	<input type="checkbox"/> U.S. History		<input type="checkbox"/> Health	<input type="checkbox"/> Intermediate Algebra

A STUDENT WILL NOT BE ENROLLED OFFICIALLY UNTIL THIS FORM IS COMPLETED AND THE TUITION FEE IS PAID. SHOULD A CLASS BE CANCELLED, YOUR TUITION COSTS WILL BE REFUNDED IN FULL. STUDENTS MUST ADHERE TO ALL SCHOOL/DISTRICT POLICIES AS OUTLINED IN STUDENT RIGHTS AND RESPONSIBILITIES. TUSD IS NOT RESPONSIBLE FOR STUDENTS WHO DO NOT REGISTER FOR THE APPROPRIATE COURSE.

Signature of Parent or Guardian _____ Date _____ Signature of Counselor/Registrar _____ Date _____

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.

TUITION	\$ _____	SCHOLARSHIP	\$ _____
REGISTRATION FEE	\$ _____	LATE FEE	\$ _____
AMOUNT PAID	\$ _____		
AMOUNT DUE	\$ _____	CHECK # _____	DATE PAID: _____