

NORTHERN VALLEY REGIONAL HIGH SCHOOL DISTRICT SUMMER SCHOOL

PLEASE PRINT

Last: _____ First: _____ MI: _____

M/F: _____ Student ID Number (NV students only): _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Parent or Guardian's Full Name: _____

Grade in school next September: 9 10 11 12

Subject: Personal Financial Literacy

Receipt #: _____ Check #: _____

Principal's Approval (out of district): _____

Guidance Counselor's Approval: _____

Counselor's/School's Telephone Number: _____

School Name and Address where summer school records are to be sent:

HIGH SCHOOL COMMENTS:

NORTHERN VALLEY REGIONAL HIGH SCHOOL DISTRICT SUMMER SCHOOL

Specific Health Problems:

Emergency contact if parent/guardian unavailable:

Name: _____ Phone: _____

Family physician in case of an emergency:

Name: _____ Phone: _____

If student is parking a vehicle in our parking lot, complete the following:

1. Make and model of vehicle: _____
2. Registration Number: _____
3. Driver's License Number: _____

TO THE DIRECTOR:

I have read the regulations of the Northern Valley Regional High School District Summer School on the brochure and agree to abide by them in every aspect.

Signed: _____ Date: _____

Student

Signed: _____ Date: _____

Parent