

REGISTRATION FORM 2012

Class _____

Credits _____ Amount \$: _____

Class _____

Credits _____ Amount \$: _____

Student Name _____

Expected Graduation Year _____

Mailing Address: _____

Name of Present School: _____

School Address: _____

Parent Name _____

Daytime Ph# () _____

"We have read, understood and will abide by the CSHM Summer School 2012 guidelines as indicated by our signatures below."

Student signature:

_____ **Date** _____

Parent signature:

_____ **Date** _____

This student has met the prerequisites and is approved to take the above class(es).

Guidance Counselor _____

Date _____