



JUSTIN-SIENA HIGH SCHOOL

COLLEGE PREPARATORY

CATHOLIC, LASALLIAN EDUCATION FOR THE 21ST CENTURY

SUMMER SCHOOL REGISTRATION FORM Remediation Advancement

Full Legal Name Of Student		Last Name	First Name	Middle Name	Gender	F <input type="checkbox"/> M <input type="checkbox"/>
Student's Home Address		Number and Street			City	
		State			Zip Code	Telephone Number ()
Grade th	Birthdate	Social Security Number		Student Email address		
Mailing Information (if not the same as the student's home address)		If correspondence is not sent to parents, to whom should it be sent				
		Name _____				
		Address _____				
		City _____ State _____ ZIP Code _____ Phone Number (____) _____				
		Legal custody held by _____ Name				
		Address _____				
		City _____ State _____ ZIP Code _____ Phone Number (____) _____				
(Please check where appropriate)						
<input type="checkbox"/> Lives with Father and Mother <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Lives with legal guardian (Specify relationship) _____ <input type="checkbox"/> Other: _____						
Father/Guardian's Information		Father/Guardian's Name _____ Work Number (____) _____ Cell (____) _____ Email address _____				
Mother/Guardian's Information		Mother/Guardian's Name _____ Work Number (____) _____ Cell (____) _____ Email address _____				
Language Information		If English is not spoken at home, what language is spoken? _____				
Parent/Guardian's Signatures		Please Sign		Mother _____	Date _____	
				Father _____	Date _____	
Vice-Principal/Counselor Signatures		Vice-Principal: _____			Date: _____	
		Student's Counselor: _____			Date: _____	

PLEASE CHECK THE APPROPRIATE COURSE(S)

Course Descriptions are available at www.justin-siena.org (under Academics tab)

ADVANCEMENT/ENRICHMENT COURSES

_____	Transition to High School: Session A	6/21-7/2 (9am-12pm)	\$250 (or \$225 by 5/31)
_____	Transition to High School: Session B	7/5-7/16 (9am-12pm)	\$250 (or \$225 by 5/31)
_____	Driver's Education	6/14-6/18 (8am-2pm)	\$250 (or \$225 by 5/31)
_____	Accelerated Algebra I	6/21-7/16 (8am-2:30pm)	\$1000 (or \$900 by 5/31)
_____	Accelerated Geometry	6/21-7/16 (8am-2:30pm)	\$1000 (or \$900 by 5/31)
_____	Math Analysis	6/21-7/16 (independent)	\$500 (or \$450 by 5/31)
_____	Spanish Language Transition	6/21-7/16 (11:30am-2:30pm)	\$500 (or \$450 by 5/31)
_____	SAT Prep: Session A	6/21-7/16 (8am-11:30am)	\$500 (or \$450 by 5/31)
_____	SAT Prep: Session B	6/21-7/16 (11:30am-2:30pm)	\$500 (or \$450 by 5/31)

REMEDICATION COURSES

_____	English Language: Session A	6/21-7/16 (8am-11:30am)	\$500 (or \$450 by 5/31)
_____	English Language: Session B	6/21-7/16 (11:30am-2:30pm)	\$500 (or \$450 by 5/31)
_____	Religious Studies	6/21-7/16 (independent)	\$500 (or \$450 by 5/31)
_____	Spanish Language	6/21-7/16 (8am-11:30am)	\$500 (or \$450 by 5/31)
_____	United States History	6/21-7/16 (11:30am-2:30pm)	\$500 (or \$450 by 5/31)
_____	Algebra I	6/21-7/16 (8am-11:30am)	\$500 (or \$450 by 5/31)
_____	Geometry	6/21-7/16 (11:30am-2:30pm)	\$500 (or \$450 by 5/31)
_____	Algebra II	6/21-7/16 (8am-11:30am)	\$500 (or \$450 by 5/31)
_____	Earth Science	6/21-7/16 (11:30am-2:30pm)	\$500 (or \$450 by 5/31)
_____	Biology	6/21-7/16 (8am-11:30am)	\$500 (or \$450 by 5/31)
_____	Chemistry	6/21-7/16 (11:30am-2:30pm)	\$500 (or \$450 by 5/31)
_____	Physics	6/21-7/16 (8am-11:30am)	\$500 (or \$450 by 5/31)

Non-refundable deposit of \$100 due by May 31st to reserve your spot.

Balance due prior to the start of classes.

If paid in full by 5/31/2010 discount applies (see above)

Payment Plans and Financial Aid available – Contact Mr. Kristopher White

SOME CLASSES MAY BE CANCELED OR CONVERTED INTO INDEPENDENT STUDY

Sign and submit all forms including registration, course sign up, permission to treat of minor, and Policies and Procedures to the Zeller Office with the deposit or full fee.

Incomplete applications will be returned.



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EMERGENCY CONTACT AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I), (We), the undersigned, parent(s) of the minor listed below, do hereby authorize JUSTIN-SIENA HIGH SCHOOL and/or its agent(s) into whose care the minor has been entrusted, for the undersigned to consent to an X-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my (our) aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and Section 1283 of the Health Code of California.

EMERGENCY CONTACTS

Student Name _____ Birthdate _____

Grade entering _____ Gender M F

Name of Parent/Guardian _____

Address _____

City _____ St _____ Zip _____ Phone # _____

Name of person/s to be contacted in case of sickness/accident if parent not available:

Name _____ Home Number _____

Cell Number _____ Work number _____

Name _____ Home Number _____

Cell Number _____ Work number _____

MINOR'S MEDICAL INSURANCE INFORMATION

Medical Insurance Carrier _____

Policy # _____ Group # _____ Medical # _____

Responsible Party _____

Address: _____

City _____ St _____ Zip _____

Employer _____

Please describe any unusual physical or health related conditions below:

Parent/Guardian Signature _____ Date _____



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2010 SUMMER SCHOOL Policies and Procedures

1. All policies and procedures outlined in the 2009-2010 Justin-Siena Student/Parent Handbook are in effect during Summer School, especially those policies related to Dress Code, Attendance, Cheating, and Behavior Expectations.
2. Due to the truncated nature of Summer School, students are only permitted one absence from class. Students who accumulate a second absence (whether excused or unexcused) will be dismissed from Summer School without a refund. There will be NO exceptions to this policy.
3. Summer School tuition is refundable in full prior to May 31st. Between June 1st and the start of Summer School, only the \$100 deposit is refundable. No refunds will be given once Summer School classes begin.
4. All Summer School students should be prepared each day for class with proper materials, including pens/pencils, paper, texts, etc.
5. If a student is taking a Remediation Course, he or she MUST KEEP their textbooks from the regular school year. Textbooks will not be provided for Remediation Courses. Textbooks will be provided to students taking Advancement/Enrichment Courses.
6. During Summer School (excluding June 14-18), the school's Cafeteria will be offering food and drinks during the following times: 9:30-9:45am, 11-11:30am, 1-1:15pm.
7. On the first day of Summer School, all students should report to the Zeller Building to find out which room their class has been assigned.
8. The Summer School Administration is as follows:
 - a. Mrs. Cynthia Gerne – Administrative Assistant and Attendance Officer
 - b. Mrs. Alicia Valdivia – On-Site Coordinator and Independent Study Moderator
 - c. Mr. Kristopher White – Summer Programs Administrator
9. Signatories of this form agree to the above policies and procedures. Exceptions to these policies and procedures may only be authorized by the Summer Programs Administrator. A copy of this form should be kept for reference.

Parent Signature

Date

Student Signature

Date