



# 2019 Summer School Registration

Student's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ High School Graduation year: \_\_\_\_\_

School in the Fall: \_\_\_\_\_ **Grade in Fall 2019:** 9 10 11 12 Student Email: \_\_\_\_\_

Has student attended Hillside before? No / Yes, most recent year: \_\_\_\_\_ Program(s): Night / Summer / Day / ET

Does student have an IEP or 504: \_\_\_ no \_\_\_ yes, please include a copy with this registration form

Student ethnicity (Please choose only one): Asian Black or African American White Armenian Hispanic Other

Parents: Do you expect your child to go to college? Yes No

Parent Education Level: \_\_\_ Not a high school graduate \_\_\_ High school graduate \_\_\_ Some College

\_\_\_ College Graduate \_\_\_ Graduate school/post graduate training \_\_\_ Decline to state or unknown

**Fees:** One class: \$875.00 - Discounted multi-class rate: \$850.00 per class - Science lab fee: \$75.00 per class

A **non-refundable** \$200.00 deposit per class is due at time of registration. **Tuition to be paid in full by May 31, 2019. No refunds will be made after the second day of class. See terms and conditions.** All invoices will be sent via email unless otherwise requested. A convenience fee of 3.7% will be added to all payments made by credit card.

**REGISTERING FOR:** Full Year: 6/17/19 to 7/26/19 Semester A: 6/17/19 to 7/05/19 Semester B: 7/08/19 to 7/26/19

Please circle one:

Please circle one:

First Class: \_\_\_\_\_ Time: \_\_\_\_\_ Full Year – Semester A – Semester B Remediation - Acceleration

Second Class: \_\_\_\_\_ Time: \_\_\_\_\_ Full Year – Semester A – Semester B Remediation - Acceleration

**A maximum of two classes can be taken during the summer session, unless approved by Hillside Administration**

**Parent contact information:**

<b>Mother's name:</b> _____	<b>Home phone #:</b> (____) _____	<b>Cell #:</b> (____) _____
<b>Address:</b> _____ <b>City:</b> _____ <b>Zip code:</b> _____		
<b>Email address:</b> _____ <b>Work #:</b> (____) _____		
<b>Company name:</b> _____ <b>Position:</b> _____		
<b>Father's name:</b> _____	<b>Home phone #:</b> (____) _____	<b>Cell #:</b> (____) _____
<b>Address:</b> _____ <b>City:</b> _____ <b>Zip code:</b> _____		
<b>Email address:</b> _____ <b>Work #:</b> (____) _____		
<b>Company name:</b> _____ <b>Position:</b> _____		
If parents have separate addresses, with whom does the child reside? Mother / Father		
To whom does the school send paperwork (contract, billing, grades, etc.)? Mother / Father		

**See reverse for Terms and Conditions.**

# The 2019 Hillside School Summer Course Contract

Please initial the following **Terms and Conditions**:

I understand I am not registered for any classes until I submit, in person, all paperwork and registration fees to The Hillside School. Enrollment is on a first-come, first-serve basis. If the requested class is full, I will be notified by Hillside.

I understand a **non-refundable** \$200 deposit per class is due at time of registration. Summer School tuition is to be paid in full by **Friday, May 31, 2019**. **If full payment is not received by May 31<sup>st</sup>, the student will be dropped from the class(es) and the deposit will be forfeited.** All invoices will be emailed unless otherwise requested.

I understand no refunds will be made after the second day of class. At this time, full tuition will be forfeited.

I understand I may not be enrolled in more than two classes at any time during summer session, unless approved by Hillside administration.

I understand any absence exceeding three\*days for a full year/10 unit class or 1.5 days for a semester/5 unit class will result in partial credit for the course. (Government and Econ are considered two separate classes each worth 1 semester/5 units.) Therefore, a maximum of 1.5 days per class can be missed). 3 tardies = 1 absence. Missing more than 15 minutes of any class is considered an absence. \*Online classes: only 1 absence is allowed during the 6 week period.

Student transcripts will be automatically submitted to the student's home base high school unless otherwise advised. Please send final transcript to:

Photo Release: I do/do not grant permission for my child's photo to be used for publicity purposes for The Hillside School & Learning Center. These photos will be used strictly for informational purposes (e.g., website, press releases, and brochures). I acknowledge these photos are the sole property of Hillside and no compensation will be received.  I **do** give permission  I **do not** give permission

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## To be completed by Hillside:

Number of Classes: _____	Amount Owed: \$ _____
Payment method:	Science Lab Fee: \$ _____
Check: (made payable to Hillside School) # _____	Deposit paid: \$ _____
	Balance Due: \$ _____

V/MC No: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card billing zip code: \_\_\_\_\_

Signature: \_\_\_\_\_