## (PLEASE PRINT)

Student	NameSchool:	_ Course:
Student	Email:	
Student	ID # Grade:	
Home P	hone:Parent/Guardian Cell Phone:	
Home A	ddress:	
Parent/	Guardian Name(s):	
Parent l	Email Address(es)	
Who:	Students in grades 9-12 who are required to retake a course in order to	o be promoted to the next grade.
What:	Repeat courses for high school credit. Limited transportation will be available.	
When:	June 27 - July 26 - Monday-Friday (8:30 a.m. – 12:30 p.m.) Registration for summer school will be accepted through the school counseling department Tuition payment is due upon registration – checks payable to NKCPS Course orientation begins on Tuesday, June 27, 2017 at 8:30 a.m. at NKHS Students are required to attend every day Monday through Friday from 8:30 a.m. – 12:30 p.m. School will not be in session on July 3 <sup>rd</sup> and July 4 <sup>th</sup> .	
Cost:	\$300 per student No Registration accepted after June 22 <sup>nd</sup> No refunds will be given after June 26 <sup>th</sup> No refunds will be authorized for students withdrawn for disciplinary reasons or excessive absences. Refunds will be returned for courses which are not offered due to insufficient enrollment.	
	ing below you are also acknowledging your support and understaneted applications must be returned to New Kent High School.	nding of the above information.
Student Signature:		Date:
Parent Signature:		Date:
School Counselor:		Date:
Principal/Assistant Principal:		Date:

☐ I am attaching a check (made payable to New Kent County Public Schools).

1. Please print this form.

- 2. Sign and date above.
- 3. Take this form and your payment to the main office at your home school.

Your registration will be finalized upon receipt of payment no later than June 23, 2015.

4. Summer School 2017 registration is not complete until the school counselor and the principal or assistant principal have signed this application and payment has been received.