



Summer School 2019 Registration

Student Name

FIRST MIDDLE LAST (NICKNAME)

Date of Birth (MM/DD/YY) _____ Grade _____ Preferred Pronouns _____

The student lives with:

both parents father mother guardian (relationship to student _____)

Current School _____

Parent/Guardian Information (List ALL legal guardians)

Household #1

Address _____

Home Phone _____

Name _____

Name 2 _____

Relationship to Student _____

Relationship to Student _____

Email _____

Email _____

Cell/ work phone _____

Cell/work phone _____

Household #2

Address _____

Home Phone _____

Name _____

Name 2 _____

Relationship to Student _____

Relationship to Student _____

Email _____

Email _____

Cell/ work phone _____

Cell/work phone _____



WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the September High School program, field trips, and related events and activities, the undersigned:

- 1) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their actions and inactions, but the action and inaction of others, or the condition of the premises or of any equipment used. Further, there may be other risks not known to us or not reasonably foreseeable at this time.
- 2) Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
- 3) Release, waive, discharge and covenant not to sue September High School, its respective administrators, directors, agents, teachers, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leaseholders of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the releases, even if it could be shown that the releases acted in a negligent manner.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Printed name of Student / Participant: _____

Signature of Student / Participant _____ Date _____

Printed name of Parent(s) // Guardian: _____

Printed name(s) of Parent(s)/ Guardian _____ Date _____



EMERGENCY INFORMATION FORM

Parents/guardians will be contacted first using the information provided on the General Student Information form.

Health Concerns

Asthma? YES NO Treatment _____

Allergies? YES NO Allergic to _____

Symptoms _____

Treatment _____

(Contact the office if your student requires EpiPens® or other emergency medication on hand.)

Other conditions: _____ Prior head injury? YES NO Date _____

Current medications and dosages:

Emergency Contacts and Authorization for Care

In the event that we cannot reach parents and guardians, we request at least one emergency contact who is authorized to grant permission for emergency medical treatment for your student.

#1: Name _____ Relation to student _____

Home phone _____ Cell/work phone _____

#2: Name _____ Relation to student _____

Home phone _____ Cell/work phone _____

As a parent or legal guardian of _____, I hereby authorize September High School ("School"), at my expense, to authorize medical care, take my student to a physician of the School's choice, and to consent to any x-ray examinations, anesthetic diagnoses, medical or surgical treatments deemed necessary in the event that I or the persons listed above cannot be reached by telephone. I acknowledge that the School would not intentionally act negligently and hereby release the School from any claims that I may have as a result of any emergency treatment for the above-named student. This permission is in effect for the duration of my child's enrollment at the School.

Signature _____ **Date** _____

(If permission is not given, it may affect your student's participation in off-campus activities.)

STUDENT NAME: _____



2019 SUMMER SCHOOL FINANCIAL AGREEMENT

PARTY RESPONSIBLE FOR PAYMENTS: _____

GRAND TOTAL = \$_____ (\$500 per course) 50% deposit by 5/17/2019

Five-week courses

0.5 credits towards BVSD, 5 credits towards September School

AM Courses (8:30AM - 11:00AM)

- Math**
- Art**
- American Sign Language**
- Spanish**

PM Courses (12:00PM - 3:00PM)

- Math**
- Writing/English**
- Art History**

By signing this agreement, I attest that I have read, understand, and agree to the following:

- (1) It is my responsibility to pay registration fees in full. Remaining balances for summer school are due by June 1st.
- (2) I understand that if my payments are delinquent, September School reserves the right to execute the third party collections process.
- (3) No student records including grades, transcripts, diplomas, or any other student information will be released until a student's account balance is paid in full.
- (4) I understand that, should my student be expelled due to conduct or if the family decides to withdraw the student during summer school, there are no refunds.

PARTY RESPONSIBLE FOR PAYMENTS SIGNATURE

DATE