

MAIL-IN REGISTRATION FOR BROOKLINE SUMMER SCHOOL

July 5th - August 4th 2017

Student Name _____ DOB _____ Age _____

Address _____ City/Town _____ Zip _____

Parent/Guardian/s Name _____ Home Phone _____

Work Phone _____ Cell Phone/s _____

Parent Email/s _____

School attended 2016-2017 _____ Grade _____

School attending 2017-2018 _____

****All students who were not in the Brookline School System for the 2016-2017, must provide appropriate immunization records in order to take courses. Students will not be allowed to start classes until records meet Massachusetts Immunization Standards****

Final registration by mail will close June 28, 2017

Please complete the course selection table below. You may obtain the information from the course selection charts on pages 19-23 for the course catalogue:

Course Name	Course Number	Time	Cost

Total Tuition _____

Non Refundable Registration Fee

\$50

Mail-In Registration Check List:

1. Registration Form, (this form)
2. Checks: payable to the "Town of Brookline" with "Summer School" in the memo
 - a. Check #1 Tuition Total
 - b. Check #2 \$50 Non-Refundable Registration Fee
3. If non-PSB during 2016-17 school year, you must complete:
 - a. Emergency Medical Form, page 26 of course catalogue
 - b. Immunization Records, must be in compliance with MA State Guidelines
4. If applicable, Contract/Application for Credit on page 27 (see page 4 for details)

To be sure of placement in classes, this application should be returned as early as possible to:

**Kyle Beaulieu-Jones, Director of Summer School, Brookline High School
115 Greenough St., Brookline, MA 02445**

Additional Registration Information to be completed on page 2

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Page 2 (con't from page 24)

I, _____ (print student's full name) have read the contents of the policy notice and agree to adhere to the rules and regulations contained herein. I understand that the disciplinary offenses described in the Brookline High School Student Handbook pertain to the summer session as well:

STUDENT'S SIGNATURE _____ DATE _____

I am enrolling in the following courses for *Original Credit / Make-up Credit / Enrichment*:

Course Name	Credit Type
	<i>Original Credit / Make-up Credit / Enrichment</i>
	<i>Original Credit / Make-up Credit / Enrichment</i>
	<i>Original Credit / Make-up Credit / Enrichment</i>

Upon full tuition payment and completion of the course/s, I would like Brookline High School to send an official Report Card to (non - Public Schools of Brookline) School:

STUDENT'S SIGNATURE _____ DATE _____

Tuition Information – For Office Use Only:

Student Last Name	Check #	Amount	Resident/Non Resident
Balance Due	F.A. Apply	Send Transcript	Immunizations Records / Up-to date