

2014 Riverview Summer School Registration Form

Please fill in the following information and return it to the school office promptly.

Student's Name	
Grade Entering in <u>2014-15</u>	
Parent/Guardian	
Address	
Home Phone	
Work Phone	
Alternate Phone	
Email	
Emergency Contact Person	
Emergency Number	
Any Medications or Allergies	

Course #	Course Name	Time	Additional Fee	Teacher
		8:15-9:30		
		9:30-10:45		
		10:45-12:00		

****Non-Resident Students Must add \$25 PER CLASS to the fees listed above****

Please fill in the following information to ensure your child's placement in the correct summer school course. You may choose 1-3 courses.

Parent Signature: _____ Date _____

Total Amount: _____

Office Use	Cash _____ Check # _____
Processed By: _____	Date: _____ Registration Fee Collected: _____