

FOR OFFICE USE ONLY

Amt. Paid _____ Date Rec'd. _____

Cash _____ Check # _____

Name on check _____



Saint Bonaventure High School

3167 Telegraph Road - Ventura, CA 93003
(805) 648-6836 - Fax: (805) 648-4903

SUMMER SCHOOL REGISTRATION – 2019 – FRESHMEN CLASSES

Student Name: _____ Entering Grade: 9

Parent/Caregiver Name(s): _____

Address: _____
Street City Zip Code

Home Phone Number: _____ Best Daytime Parent Phone Number: _____

- Please refer to the Summer School Info Sheet regarding summer school regulations and policies.
- Please place a check mark next to the course(s) to be taken.
- Please submit this form, with payment, by **June 24, 2019**. Please make checks payable to St. Bonaventure High School. Payment and completed form should be submitted to the attention of Debra Folger – Attendance Office.
- **Please be sure to sign the acknowledgement below.**

ACKNOWLEDGEMENT

I have read the Terms and Conditions and the Rules and Regulations set forth in the Summer School Info Sheet. I agree to abide by these conditions.

Parent/Caregiver Signature

Please print name

Non-Credit Courses

English/Reading Skills	(Dates and times to be arranged)	\$150	_____
			(check line above if signing up for English Skills)

Math Skills	(Dates and times to be arranged)	\$150	_____
			(check line above if signing up for Math Skills)

***Please note:** If you are taking both English and Math Skills, the total cost for both classes together will be \$250.

One Semester Course

Health (Independent Study - 5 Credits)	(June 24 through July 19)	\$200	_____
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