

# 2009 INTERMEDIATE SCHOOL SUMMER SESSION REGISTRATION FORM

Name of Student \_\_\_\_\_ Home Phone \_\_\_\_\_  
LAST FIRST

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

School FALL 2009 \_\_\_\_\_ Grade FALL 2009 \_\_\_\_\_

<div style="text-align: center;"> <input type="checkbox"/> <b>MIRALESTE</b>                  Standard Program                   SELECT <u>6</u> CLASSES                  IN ORDER OF PREFERENCE                   1. _____                  2. _____                  3. _____                  4. _____                   ALTERNATE CLASSES                   5. _____                  6. _____             </div>	<div style="text-align: center;"> <input type="checkbox"/> <b>RIDGECREST</b>                  Standard Program                   SELECT <u>6</u> CLASSES                  IN ORDER OF PREFERENCE                   1. _____                  2. _____                  3. _____                  4. _____                   ALTERNATE CLASSES                   5. _____                  6. _____             </div>	<p><b>APPLICATIONS WILL NOT BE PROCESSED UNLESS 6 CHOICES ARE LISTED</b></p> <p>Please check class descriptions to be certain the classes you select are available at the Summer School you plan to attend</p> <p><b><u>IMPORTANT:</u> CHECK REVERSE SIDE TO BE SURE YOU HAVE REQUIRED RECOMMENDATION(S)</b></p>
<p><b>For Further Information</b></p> <p style="text-align: center;"><b>Check PEP's Web Site at</b></p> <p style="text-align: center;"><b><a href="http://www.pepschool.org">www.pepschool.org</a></b></p>	<p>Standard Program Classes are all one hour in length.</p> <p>List 4 selected classes (in order of preference) and 2 alternate classes a total of 6 classes.</p> <p>Not all classes are offered at each Summer School</p>	<div style="text-align: center;"> <input type="checkbox"/> Please check box if there is any medical condition, learning disability, behavioral difficulty or other special need (for example, Attention Deficit Disorder, epilepsy, bee sting allergy) of which Summer School should be aware. If so, please attach description.             </div>

Enclose \$385.00 check payable to PEP. Mail to: PEP Center, P.O. Box 4027, Palos Verdes Peninsula, CA 90274. **For confirmation of receipt of application, please enclose a self-addressed, stamped envelope.** Class schedules will be distributed the first day of Summer School.

**MAIL NOW: CLASSES ARE ASSIGNED IN ORDER OF RECEIPT OF SUMMER SCHOOL APPLICATIONS.**

**PROCESSING FEE OF \$25 CHARGED ON ALL WITHDRAWALS BEFORE JUNE 1. NO REFUNDS AFTER JUNE 1, 2009**

COMPLETE EMERGENCY FORM ON REVERSE SIDE.  
 COMPLETE RECOMMENDATION FORM (IF REQUIRED) ON REVERSE SIDE.

# 2009 INTERMEDIATE SCHOOL SUMMER SESSION EMERGENCY FORM

Name of Student \_\_\_\_\_ Home Phone \_\_\_\_\_  
LAST FIRST

Address \_\_\_\_\_  
STREET CITY ZIP CODE

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In the event that I cannot be reached, I hereby give my consent for the physician, dentist, and/or hospital designated below to provide emergency care for my child should serious illness or accident occur at school.

Local Physician \_\_\_\_\_ Phone \_\_\_\_\_

Office Address \_\_\_\_\_

Local Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Office Address \_\_\_\_\_

Local Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Office Address \_\_\_\_\_

Neighbor or friend (if parent cannot be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

COMPLETE CLASS REGISTRATION FORM ON REVERSE SIDE

## RECOMMENDATION FORM

I recommend \_\_\_\_\_ for the following Summer Session Course(s):



Math 7

(Signature required only for entering 6th grade students to validate coding into Math 6 Accelerated in the fall.)



Math 8

(Signature required for 6th or 7th grade students to validate coding for Math 7 Accelerated in the fall.)



Math Whiz

(Signature required for all students to validate completion of Math 7 Accelerated.)

\_\_\_\_\_  
Current Math Teacher  
(please sign and initial appropriate box above)