

MIDLOTHIAN HIGH SCHOOL
2009 Summer Academy Registration Form

Student Name _____

Student Address _____

Parent Name(s) _____

Home Phone (_____) _____ Day Phone (_____) _____

2008- 2009 Grade Level _____ Parent Email Address _____

Course(s) desired: (no more than two semesters)

Please read the following and sign below:

1. I understand that there will be a required meeting time, at MHS, each week for each class.
2. I understand that online learning requires students to manage their time and maintain a higher level of motivation than in-person classes. I accept the responsibility that I will complete work under the prescribed schedule.
3. I understand that there will be a required orientation session prior to the beginning of class. I must attend one of these sessions to receive login information.
4. I understand that any student must follow the 2008-2009 Student Code of Conduct, the 2008-2009 Acceptable Use Policy and the 2009 Summer Academy Rules at all times and the 2008-2009 Dress Code when on the MHS campus.
5. I understand that Midlothian ISD will not provide transportation to and from summer school, nor provide Internet access or computer equipment for the Summer Academy.
6. I understand that summer Academy fees must be paid in full no later than Thursday, June 11. I understand that any refund of registration fees must be made, in writing, to the MHS office by 4pm, Monday, June 15. Requests received by the deadline will receive a full refund, less a \$25 drop fee.
7. I understand that disciplinary infractions can result in immediate removal from the Summer Academy program with no refund in payment.

Parent Signature

Student Signature

Office Use Only

Payment Received: \$ _____ ch # _____ cash _____ by _____