

**NATIVE AMERICAN COMMUNITY ACADEMY
2018 SUMMER HIGH SCHOOL REGISTRATION FORM**

Student Name _____ Grade Level (please circle one) _____ Student ID# _____
 9th, 10th, 11th, 12th

Home Phone _____ Cell Phone _____ Email address _____

Term I (1st Semester) June 11th -June 29th

Term II (2nd Semester) July 5th -July 26th

Summer School Tuition-\$62.50 per half (.5) credit

- Tuition must be paid by the first day of each term. No payments will be allowed.

Note: Earned credit will be awarded upon each term. No extensions for coursework will be given beyond Term 1 & 2. ATTENDANCE: If students miss more than 2 Days Absences they will be dropped and parents will forfeit summer school payment. 3 Tardies =1 day Absent. Attendance will be closely monitored throughout summer school and parents will be notified.

Course #1

Course Name:	Credit Amount	Section # AM/PM	Semester Making Up 1st <input type="checkbox"/> 2nd <input type="checkbox"/>	<input type="checkbox"/> Term I June	<input type="checkbox"/> Term II July

Course #2

Course Name:	Credit Amount	Section # AM/PM	Semester Making Up 1st <input type="checkbox"/> 2nd <input type="checkbox"/>	<input type="checkbox"/> Term I June	<input type="checkbox"/> Term II July

Course #3

Course Name:	Credit Amount	Section # AM/PM	Semester Making Up 1st <input type="checkbox"/> 2nd <input type="checkbox"/>	<input type="checkbox"/> Term I June	<input type="checkbox"/> Term II July

Course #4

Course Name:	Credit Amount	Section # AM/PM	Semester Making Up 1st <input type="checkbox"/> 2nd <input type="checkbox"/>	<input type="checkbox"/> Term I June	<input type="checkbox"/> Term II July

Please return forms and fees to Ms. Carroll. Fees must be received before students are enrolled for summer school. There will be no refunds after the first day of summer school. Fees may be paid in cash, money orders, or check. Make payable to: Native American Community Academy.

Parent Name (Please print) _____ Parent Signature _____

Student Name (Please print) _____ Student Signature _____

Emergency Contact Information (Must be filled out):

Name: _____

Best Contact Number: _____

Please circle one: Home /Cell Phone/ Work

Email: _____

Relation to Student: _____

Any Health Concerns/ Medication/ Special Needs _____

NACA wishes to avoid difficulties in obtaining medical services for a student who may become ill or injured during school –sponsored activities. As the parent/guardian of a student participating in a school sponsored activity, it is necessary that you consent, in advance, to hospitalization, medical attention, and surgery for your students in case an emergency occurs. You must provide medical direction if no consent is given.

In the event of an illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of the medical services being given, If we are unable to contact you, the activity sponsor will consent to such services for your student by acting in your behalf based on written advance authorization.

I, the parent /guardian of NACA
student _____

have read the above and hereby designate the sponsor of the activity to act on my behalf in the event of a medical emergency after reasonable effort has been made to contact me to obtain consent. I hereby assume financial responsibility for any hospitalization, medical attention, and surgery provided.

If no consent will be given to authorize medical services please attach a written statement of procedures to be followed if your student needs medical attention.
