

Connelly High School

2323 West Broadway

Anaheim, CA 92804

Phone: (714)776-1717 Fax: (714)776-2534

Summer 2011 Registration

Student's Name _____ Date of Birth/Age _____

Address _____ Prior School _____

City _____ Zip _____

Connelly's Summer School Required for Admission: YES _____ NO _____

Parent(s)/Guardian(s) Name(s) _____

Address _____

City, State, Zip _____ Phone () _____

Father's Work Phone () _____ Mother's Work Phone () _____

Additional Numbers (please specify) _____

Fee Schedule: Six-Week Courses \$375 per class

Course Registration:

Course: _____

Course: _____

Total (must accompany registration form): _____

Method of Payment: _____ Check Enclosed _____ Visa _____ Master Card

Account Number: _____ Exp. Date _____

Name as it Appears on Card: _____

Signature of Cardholder: _____

(over)

Summer Registration and Enrollment Policies

- Class size is limited to offer students more individualized instruction. Classes are filled on a first-come, first-served basis. Students cannot be officially enrolled until tuition and fees are paid in full.
- Classes meet Monday through Friday mornings at the time specified. Registration closes on June 17. The total tuition for each course should be returned with your registration form as soon as possible to ensure placement.
- If a student drops a class at least two weeks prior to the start date of the course, a refund will be granted. No refunds will be provided following that time. Please note there is a \$25 non-refundable charge per dropped class.
- Connelly School reserves the right to withdraw courses for which there are not a minimum number of applicants. (In the event that a course for which you register is cancelled, you will receive a full refund.)
- Summer dress should be casual but neat. No "short" shorts, bare midriffs, excessively loose or torn pants or sandals.
- Daily attendance is expected. Parents must call the school office at 714.776.1717 prior to the start of class to notify the staff of an absence.

The following information must be completed *before* a student enters class

Emergency and Medical Information

Student's Name _____

Please list any medical conditions the staff should be aware of, including allergies to medications and specific foods _____

Family Physician's Name _____ Phone () _____

Person(s) to contact if parents cannot be reached:

Name _____ Phone () _____

Name _____ Phone () _____

Person(s) authorized to pick up student:

Name _____ Phone () _____

Name _____ Phone () _____

Medical Release:

Should it become necessary for my child to have emergency medical treatment, I hereby give Connelly school personnel permission to exercise judgment in obtaining medical service for my child. I give permission to the physician selected by school personnel to render medical treatment deemed necessary and appropriate.

Parent's Signature _____ Date _____

Send this completed form to:

Connelly High School
Attention: Summer Program Admissions
2323 West Broadway
Anaheim, CA 92804