

St. Mary Magdalen Catholic School

1700 Clower San Antonio, Texas 78201
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2008 – 2009 Summer School Enrollment Form [Credit & Non-Credit]

Payment must be in the form of a cashier's check, money order and/or cash – no personal checks.

Student Information:

Name: _____ Current Gr. _____
Home Address: _____ City/State _____ Zip _____
Home School: _____
Address: _____ City/State _____ Zip _____ Phone _____

Credit Classes [K5 – 8th Grade] June 8 – 30, 2009 \$50 Registration Fee \$150 per student/per class
Limited enrollment – First Come – First Served (maximum of 15 students per class)

Promotion Requirement: _____ Teacher Recommended: _____
Parent Requested: _____ Excessive Absences: _____

Parents of students from other schools should contact that school teacher for recommended summer school instructions.

Class Selections: 8:00 – 10:00 AM **(Maximum of 2 classes)** 10:15 – 12:15 PM
_____ Language Arts _____ Math _____
_____ Social Studies Other _____ (tentative) Science _____
_____ Religion _____ Phonics _____

(Subjects in each session may be integrated with the other subjects in the session; example Math/Science and/or Language Arts/Social Studies.)

SMMS reserves the right to cancel classes with inadequate enrollment (less than 8 students)

Tuition will not be refunded for either dismissal or expulsion from the summer school program

Cash Cashier's Check Money Order \$ _____

Non-Credit Classes [K3 – 7th Grade] 8:00 AM – 3:00 PM \$250 per student/per month

AFTER SCHOOL STUDY HALL [K3 – 7th Grade] June 8 – July 3, 2009 & July 6 – 31, 2009 \$50 Registration Fee

Will Enroll Will Not Enroll

3 – 6 PM \$130 per month/per student

Cash Cashier's Check Money Order \$ _____

If a student is enrolled in credit/non-credit classes and After School Study Hall a one-time \$50 registration fee applies to both.

All charges must be paid in full before June 5, 2009. Withdrawal fee of \$100 until June 8, 2009, no refunds thereafter.

Free Breakfast, Lunch & Snack ◀▶ Music, Movies, Sports

Dress – A neat and well-groomed modest appearance is a requirement for attendance. **NO** baggy/sagging pants and/or body piercing jewelry are permitted.

Attendance - Regular and punctual attendance is mandatory for credit courses. Students planning vacation trips during the appropriate session should not enroll as there will be **NO EXCUSED ABSCENCE FOR SUCH TRIPS (credit courses only)**. The only excused absences are for personal illness or a death in the immediate family. An accumulation of 2 absences will cause the student to be dropped from classes (only credit courses). Three tardies will be counted as one unexcused absence. Students provide their own school supplies.

Conduct – Appropriate behavior and a good attitude will be expected at all times. The Summer School Administrator reserves the right to dismiss anyone for a serious violation of school regulations that he deems is detrimental to the program.

Dismissal – Students are to be picked up on time.

****Students picked up after designated pick up time will be charged a \$1.00 a minute, payable on that day.**

PARENT/GUARDIAN INFORMATION

Father's Name _____ Home # () _____
(Male guardian) Last First M.I.

Occupation _____ Employer _____ Work # () _____

Cell # () _____ Email: _____

Mother's Name _____ Home# () _____
(Female guardian) Last First M.I.

Occupation _____ Employer _____ Work # () _____

Cell# () _____ Email: _____

All students registered for the summer program must comply with St. Mary Magdalen School policies. Failure to do so will result in removal from the summer school program.

HEALTH RECORD

Allergies, Medications or health condition? (Asthma, etc.) _____

EMERGENCY INFORMATION

When I cannot be reached in the case of an EMERGENCY, the persons listed below may be contacted. **These persons are also authorized to pick up my child in case of an emergency and/or child is ill.**

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Home # () _____ Wk # () _____ Home # () _____ Wk # () _____

Relation to Child: _____ Relation to Child: _____

In case of accident or serious illness, I request the school to contact me. If I or other designated persons cannot be reached to make arrangements for Emergency Medical Aid I DO AUTHORIZE the Principal or person in charge of St. Mary Magdalen School to transport my child to the following hospital: _____

OR Doctor _____ **Tel No.** _____ **Address** _____

I do consent to ANY and ALL NECESSARY TREATMENT and assume ALL FINANCIAL obligations because of said treatments.

My child is physically able to participate in the School's activities, if free of contagious disease and has been seen by his/her family physician in the past twelve months.

Dr. _____ Tel # _____ Address _____

Parent Signature: _____ Printed Name _____ Date: _____