Mount Saint Joseph High School

SUMMER SCHOOL ACADEMIC PROGRAMS

Registration Form

Send to Mr. Greg McDivitt, Assistant Principal, Director of Studies

Student Name______________________________________________________________

Street Address_________________________________________City/State__________Zip________

Telephone_________________________________________Grade entering Fall ’15________

School presently attending / just attended_____________________________________

Parent/Guardian Signature___________________________________________________Date________

Fill in here to enroll in a STUDY SKILLS Seminar.
Indicate “1” for First Choice, “2” for Second Choice of session desired.
See separate Study Skills flier for information.

_____ Session 1 June 15 – June 19: (8:30 am – 10:15 am)

_____ Session 2 June 15 – June 19: (10:30 am – 12:15 pm)

_____ Session 3 June 22 – June 26: (8:30 am – 10:15 am)

_____ Session 4 June 22 – June 26: (10:30 am – 12:15 pm)

_____ Session 5 July 6 – July 10: (8:30 am – 10:15 am)

_____ Session 6 July 6 – July 10: (10:30 am – 12:15 pm)

Fill in here to enroll in a SUMMER SCHOOL Course or Courses.
See separate Summer School flier for course listings and information.

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