Van Alstyne High School Summer School
Registration Form
Summer 2010

Student Name	**Parent or Guardian**
School Receiving Grade	**Phone Number**
School Fax Number	
School Contact Name	

- **Core content classes may be retaken for credit recovery.**
- **Speech, Health, Government, and Economics may be taken for initial credit.**
- **Cost: $175 per semester course. (1/2 Credit)**
- **Out of district students will be accepted.**
- ***Early registration is strongly advised. Classes are limited in size*.**
- **Students are not registered until payment is received**

Call the Summer School administrator, Mr. Campbell for additional information: 903-482-8817

SESSION I *final* registration from 9am -2pm
Friday, June 11, 2010

Semester I:	**June 14 – June 25, 2010**	
Morning session:	**7:30 – 11:30 AM**	**½ credit**
Afternoon session:	**11:30 – 3:30 PM**	**½ credit**

SESSION II *final* registration from 9am -2pm
Friday, June 25, 2010

Semester II:	**June 28 – July 9, 2010**	
Morning session:	**7:30 – 11:30 AM**	**½ credit**
Afternoon session:	**11:30 – 3:30 PM**	**½ credit**
Speech	**7:30 – 11:30 AM**	**½ credit**

_____ **Session I: AM _____ PM_____**
Class requested

_____ **Session II: AM _____ PM_____**
Class requested

Payment: Amount received _____*Returned checks recovered electronically with state fee*

Cash _____Check #_____ Date_____