Summer School 2009 at Coble Middle School
Grades 7-8 Student Registration Form
June 15 – June 29
8:00 a.m. – 3:00 p.m.

Student Name: _____ Student ID#: _____ Male ☐ Female ☐

Current Campus: _____ Current Grade 2008-09: _____

Next Year 2009-10 Campus: _____

Student Address: _____ ____ _____ _____
Street Apt. City Zip

Parent/Guardian Name: _____ Daytime Phone: _____

Email Address: _____ Cell Phone: _____

Check all that apply: ☐ESL/BIL ☐Special Education

TUITION COST:
☐ FREE Grade 8 TAKS ☐ Reading Test ☐ Math Test
☐ $100.00 Grades 7 or 8 (Failed 2 or more classes)

TRANSPORTATION: (Provided for PreK-8)
☐ School Bus

☐ Walk Home

☐ Day Care Bus Daycare Facility: _____ Phone # _____

☐ Parent Pick-Up or Responsible Party: _____ Phone # _____

Other Contacts:

_____ _____ _____
Name Daytime Phone Cell Phone

_____ _____ _____
Name Daytime Phone Cell Phone

Please attach/enclose payment when registration is submitted. Make checks payable to your school.

_____ _____ _____ _____
Parent Signature Date Amount Paid Receipt # (School Use)

Recommendation Approval: _____
Counselor/Administrator Signature

Special Instructions: _____

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