

**JAMES HUBERT BLAKE HIGH SCHOOL**

*High School 101 Program Registration \*\*Due by Friday, May 17, 2019\*\**

To be completed by PARENT/GUARDIAN. Please print all information in ink.

**PART I: STUDENT INFORMATION**

Student ID #: \_\_\_\_\_ Current Grade: 8

Student's Name (Print): \_\_\_\_\_

Parent/Guardian's Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

I will need bus transportation

**Part II: REGISTRATION**

Course Name: High School 101 \_\_\_\_\_  Non-Credit

**Part III: PAYMENT OF TUITION**— Attach check, money order, or pay with credit card through the school's *Online School Payments* website  
A registration form for each student must be submitted to the James Hubert Blake High School - Main Office by Friday, May 17, 2019

Tuition Amount \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Money Order # \_\_\_\_\_  Credit Card (Paid online)

Make checks and money orders payable to **James Hubert Blake High School**

Credit/debit card payments must be completed through the school's *Online School Payments* website.

**Part IV: APPLICATION for PARTIAL WAIVER of SUMMER SCHOOL TUITION**

| If your income is:           | You pay:                       |
|------------------------------|--------------------------------|
| \$0 - \$32,631               | \$36 <input type="checkbox"/>  |
| \$32,632 - \$46,435          | \$50 <input type="checkbox"/>  |
| Over \$46,435 (full tuition) | \$125 <input type="checkbox"/> |

**PART V: PARENT'S /GUARDIAN'S SIGNATURE: Parent /guardian's signature certifies that:**

- Student is authorized to enroll in the local summer school program.
- I certify that all of the above information is true and that my total household income is reported. I understand that school officials may verify the information on this form. I understand that if I purposely give false information, I may have to pay full summer school tuition.
- Method of payment is assured, and it is understood that a \$25.00 fee will be assessed for returned checks.

\_\_\_\_\_  
Signature, Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date