2010 HIGH SCHOOL Registration Form
Mail to:
9 – 12 PT Affiliates Summer School
2701 Huntington Dr., San Marino, CA 91108

*** * * Student Information – Please PRINT Neatly – ALL information must be complete to register. * * ***

Name of Student _____ Student I.D. _____
Last First Middle

Address _____ (_____)_____
Street City Zip Code Home Phone

Guardian's/
Father's Name _____

Guardian's/
Mother's Name _____

Cell Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Work Phone (_____) _____

In Emergency if Parent Can't be Reached call _____ (_____) _____
Name Phone

If no contact can be made, in the event of an emergency I authorize medical care from the emergency hospital or

Dr. _____ (_____) _____ _____
Name Phone City

_____ _____
Parent/Legal Guardian Signature Date Grade in September _____ Name of Home School _____

NOTE: Transcripts for schools other that San Marino High School will be sent by written request only.

PLEASE ENROLL THE STUDENT IN THE FOLLOWING COURSES:
One Period = $390.00 Two Periods = $510.00 Three Periods = $900.00

PERIOD 1	**8:00 – 10:05 AM**	***Alternate Choice**	**Lab Fees**
1st Choice_____		/*_____	_____
PERIOD 2	**10:15 – 12:20 PM**	***Alternate Choice**	
1st Choice_____		/*_____	_____
PERIOD 3	**1:00 – 3:05 PM**	***Alternate Choice**	
1st Choice_____		/*_____	_____

***ALTERNATE CHOICE**: If one of the above courses is full, the student will **automatically** be enrolled in the alternate choice, space permitting. **Failure to indicate an alternate choice may cause a class to fill while you are being contacted to choose an alternate course.**

PLEASE DO NO ENTER ANY INFORMATION BELOW THE DOUBLE LINE.

FOR OFFICE USE ONLY
Date received_____Check #_____Amount Paid_____Late Fee Paid_____