

Peachtree Ridge Community School Plus Registration Form

Student **FULL** Name (print) _____ Student # _____
First Middle Last

Course Name: **Summer Health & PE for Rising 9th Graders**

Class Days: **Monday - Thursday** Class Dates: **June 1 – July 13, 2010** Class Times: **7:30 am – 2:00 pm**

Home High School: Peachtree Ridge OR _____ Grade: Rising 9th grade

Student Address _____ City _____ Zip Code _____

E-mail Address (parent) _____ Student Date of Birth _____

Home Phone # _____ Parent Cell # _____

Father/Guardian Name (print) _____ Work # _____ ext. _____

Mother/Guardian Name (print) _____ Work # _____ ext. _____

In case of emergency call _____ At phone # _____

COMMUNITY SCHOOL PLUS ADVISEMENT, REGISTRATION, ENTRANCE, WITHDRAWAL AND BEHAVIORAL CONTRACT

- | | |
|---|---|
| <p>1. I understand that no more than TWO days absence from each class is allowed. Three tardies are equal to one absence. Anything up to 30 minutes late will be tardy; after 30 minutes it will be counted as an absence. I understand that I will be withdrawn upon the third absence. There is an appeal process for absences beyond 2 days.</p> <p>2. I understand that withdrawal from class will occur for non-attendance or disciplinary action. It is my responsibility to notify my parents/guardian if I am absent or withdrawn from class.</p> <p>3. I must provide my own transportation to and from all classes.</p> <p>4. I certify that I have received a copy of the Gwinnett County student handbook. I accept the responsibility for reading the requirements and I understand the consequences for violation of these policies. I expect the procedures that are listed therein to be enforced by the teachers and administrators. I agree to abide by the rules and regulations outlined.</p> <p>5. It is my responsibility to register for the correct class and to make sure that I have met any prerequisites.</p> | <p>6. I understand the following refund policy: (A) Full refund for withdrawal a week or longer before class begins; (B) Nonrefundable fee of \$25 assessed for withdrawal less than a week before class begins; (c) No refund after class begins.</p> <p>7. If I receive special services at my home school, I understand that it is my responsibility to provide a copy of my IEP or 504 plan to the Community School.</p> <p>8. I agree to pay for any lost textbook.</p> <p>9. I will pay the required \$225 tuition before being officially registered.* Checks are made payable to the Community School at which the class is being held. (\$450 for two classes).</p> <p style="font-size: small;">*Out of county fee is \$270 per course. (\$540 for two courses)</p> <p>10. Credit will be given only for students fulfilling academic and attendance requirements.</p> |
|---|---|

NOTICE: Courses cannot be held unless enough students register. In the event of cancellation, tuition will be refunded.

I/we agree to the above entrance, withdrawal, and behavioral contract. **(BOTH PARTIES MUST SIGN)**

Student Signature _____	Date _____
Parent/Legal Guardian Signature _____	Date _____

PAYMENT INFORMATION

MAIL TO: Peachtree Ridge Community School, 1555 Old Peachtree Ridge Road, Suwanee, GA 30024

 FOR OFFICE USE ONLY

Date Received: _____ Initials _____ Cash (receipt #) _____ Check # _____