



Summer School 2008 Registration Form
SAINT MONICA CATHOLIC HIGH SCHOOL

1030 Lincoln Blvd. Santa Monica, CA 90403-4096 (310) 394-3701 www.stmonicahs.org

PLEASE COMPLETE AND RETURN WITH FULL PAYMENT BY JUNE 16, 2008!

Student Name: _____ 2008-2009 Grade Level: _____
Date of Birth: _____ Gender: _____
2008 -2009 School (please check one): SMCHS _____ Other _____
If Other: School Name: _____
Address: _____
School Phone: _____

Parent(s) Name(s): _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

In An Emergency, Please Contact:

Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____

I understand that the school does not assume responsibility for payment of a physician. However, in an emergency, SMCHS may choose a physician.

Parent Signature: _____ Date: _____

SUMMER SCHOOL CLASSES

Period 1 (8:00-10:15 a.m.) _____
Period 2 (10:30-12:45 p.m.) _____
Period 3 (1:00-3:15 p.m.) _____

Counselor Signature (SMCHS students only)

Mrs. Michele Rice (incoming freshmen only)

In the event one of your electives is closed and you would accept an alternate, please list alternate class:

_____ (students will be notified if there is any problem with course selection).

For office use only.

Paid _____ Amount _____ Cancel _____ Refund _____ Received _____ Posted _____

1 A \$30.00 late fee will be charged for registrations/payments received after June 17th. A \$55.00 late fee will be charged for registrations/payments received after June 19th. Fees for classes without sufficient enrollment will be refunded by mail. No refunds will be given after June 25th. No refunds will be given for students terminated for disciplinary reasons.