

Trenton Catholic Academy
SUMMER SCHOOL APPLICATION/REGISTRATION 2009

Please Print

Student Name: _____
(Last) (First) (Middle)

Parent/Guardian Name: _____

Mailing Address: _____

(City) (State) (Zip Code)

Home Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact Person: _____ Emergency Phone: (____) _____

Secondary Emergency Contact During School Hours: _____

Secondary Emergency Phone: (____) _____ Cell Number: (____) _____

Sex: M ____ F ____ Date of Birth: ____/____/____

STUDENT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

GUIDANCE COUNSELOR – Please complete this section

COUNSELOR NAME: _____ HIGH SCHOOL: _____

I certify that the information completed by the student/parent is in agreement with the information I have on file.

_____ has failed, is taking for personal reasons, or wants to raise
(Student's name)
his/her grade in a completed course.

I have given him/her permission to take _____ and _____.
(Course names – Please be specific)
at Trenton Catholic Academy during the summer of 2009.

Counselor Signature

Date

THIS FORM MUST BE SUBMITTED BY THE PARENT/STUDENT AT THE TIME OF REGISTRATION.

REGISTRATION DATES:

Thursday June 25th and Friday June 26th – 9:00 am to 12:00 pm

Late Registration – Monday June 29th – 9:00 am to 11:00 am

ALL TUITION AND FEES MUST BE PAID IN FULL AT THE TIME OF REGISTRATION. ONLY CASH, BANK CHECKS, OR MONEY ORDERS WILL BE ACCEPTED. NO PERSONAL CHECKS!