

**Spring Branch Independent School District
2009 HIGH SCHOOL SUMMER SCHOOL**

RECEIPT NO. _____

DATE _____

Student Name _____ I.D. # _____

Parent Name _____ School _____ Current Grade _____

Mailing Address _____ Zip _____

Home Phone _____ Work Phone _____

NO REFUNDS AFTER FIRST SESSION BEGINS

SCHOOL HOURS: 7:30 a.m. – 3:30 p.m.

ATTENDANCE POLICY: Due to the concentrated nature of summer school, only one (1) day of absence (excused or unexcused) is allowed per session before a student loses credit and tuition.

CONDUCT: Students are subject to the same rules of conduct, dress, and grooming which are enforced during the regular **school year**. **Any student in violation of these rules may be sent home and receive an absence for time missed.**

GRADES: SBISD has my permission to mail grades to my student's school address listed below:

_____ I have read and understand the information presented.
School Name

_____ School Address _____ Parent Signature _____

Session 1 (6/15-6/30)

Session 2 (7/6-7/21)

Session 3 (7/22-8/6)

½ Credit per Session

Course _____

S1 S2 S3
(Circle One)

OC RT
(Circle One)

Course # _____ Section # _____

Course _____

S1 S2 S3
(Circle One)

OC RT
(Circle One)

Course # _____ Section # _____

Course _____

S1 S2 S3
(Circle One)

OC RT
(Circle One)

Course # _____ Section # _____

_____ Counselor Signature _____

Payment Amount \$ _____ Cash Check # _____ Last name on check _____

Balance Due \$ _____ Due Date _____

Reduced Tuition: Yes No Bus: Yes No Route # _____

Received by _____

Refund Amount _____ Date _____ Approved by _____