

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

RECEIPT NO. _____

DATE _____

Student Name _____ I.D. # _____

Email _____

Parent Name _____ School _____ Current Grade _____

Mailing Address _____ Zip _____

Home Phone _____ Work Phone _____

NO REFUNDS AFTER EACH 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:

_____ School Name _____ School Address _____

I have read and understand the information presented. _____
Parent Signature

Session 1 (06/13 – 06/28)

Session 2 (6/29 – 07/18)

½ Credit per Session

Course _____ Course # _____ Section # _____	S1 S2 (Circle One)	OC RT (Circle One)
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Course _____ Course # _____ Section # _____	S1 S2 (Circle One)	OC RT (Circle One)
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_____ Counselor Signature

Total Amount Due \$ _____ Reduced Tuition: Yes No _____ Bus: Yes No _____ Route # _____

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

Balance Due \$ _____ Due Date _____ Received by _____

Refund Amount _____	Date _____	Approved by _____
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