

Spring Branch Independent School District
HIGH SCHOOL SUMMER SCHOOL

OUT OF DISTRICT

RECEIPT NO. _____

DATE _____

Student Name _____ Temp. SBISD I.D. # _____

DOB ____/____/19____ Cell Phone _____

Email _____

Parent Name _____ Home/Work Phone _____

Mailing Address _____ Zip _____

School Name _____ Current Grade _____

Address _____ Zip _____

Registrar's Name _____ Phone _____ Fax _____

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 above:

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

COUNSELOR APPROVAL: I, _____, counselor for above named student, give permission for him/her to take the following course(s).

Session 1 (6/13 – 06/28) Session 2 (6/29 – 07/18) ½ Credit per Session

OC (Original Credit) RT (Retake Course)

Course _____	S1 S2	OC RT
	(Circle One)	(Circle One)
Course # _____ Section # _____	(To be completed by summer school office.)	

Course _____	S1 S2	OC RT
	(Circle One)	(Circle One)
Course # _____ Section # _____	(To be completed by summer school office.)	

Total Amount Due \$ _____

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

Balance Due \$ _____ Due Date _____ Received by _____

Refund Amount _____	Date _____	Approved by _____
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