



Student Name: _____

Last Name

First Name



**Kalani High School
2017 Summer Session Registration Form**

Registration Sticker
For Office Use Only

The student will be entering _____ grade for the 2017-2018 school year.

Check **ONE** box **ONLY***

Enrichment or Credit Recovery (\$190)

- MHH/PID (1 credit)
- US History (1 credit)
- World History (1 credit)
- PE Grade 9 and 10 (1 credit)
- PE / Health (.5 / .5 credit)
- Health / PE (.5 / .5 credit)

Enrollment Open from April 17

Enrichment or Credit Recovery (\$95)

- PE 1st session (.5 credit)
- PE 2nd session (.5 credit)
- Health 1st session (.5 credit)
- Health 2nd session (.5 credit)
- Session 1: June 2 - 20
- Session 2: June 21 - July 7

Counselor's Printed Name

Counselor's Signature

Credit Recovery ONLY (\$190)

- English Grade 10 (1 credit recovery)
- English Grade 11 (1 credit recovery)
- Geometry (1 credit recovery)

Counselor's phone

NOTES

*Classes need a minimum number of students enrolled and are subject to change.

Terms of Agreements:

1. Counselor's signature is required for credit recovery courses.
2. Students must abide by the Chapter 19 Rules and Regulations.
3. Students who are expelled will not be given refund or credit for course.
4. Late registration fee of \$25 will be assessed after May 1, 2017.
5. Last day for full refund is June 9, 2017.
6. There will be a \$25 processing fee for each returned check.
7. To obtain credit student cannot miss more than three (3) days.
8. All course requirements must be completed by the end of Summer Session 2017.

We agree to the above terms:

Student Signature Date

Parent Signature Date

Student Name: _____
Last Name First Name



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Student is enrolled for the 2017-2018 school year at Kalani **OR** Other _____
(If not enrolled at Kalani, other school must be entered to ensure receipt of credit)

Parent/Guardian Name (PRINT) Phone #

Address

E-mail

Emergency Contact / Relationship if 1st Parent Not Available Phone #

Does the student have any special conditions (allergies, needs, etc)?

OFFICE USE ONLY:

Self-Addressed, Stamped Envelope Received for report card

Name on Check: _____ Check #: _____

Receipt # 226 _____ Date Rec: April 14, 2017 _____

Amount of Check: \$190 \$95 _____

Insufficient Funds ⇨ CASH payment received on: _____ by _____

Refund Issue Date: _____

Reason for refund: _____

Amount of refund: _____ To Whom: _____

Returned payment

DOE issued check

Mailed

Picked Up

4680 Kalaniana'ole Highway, Honolulu, Hawaii 96821
Phone (808) 305-0500