**American Legion High School**

**3801 Broadway, Sacramento, CA 95817**

**916-395-5000**

SUMMER SCHOOL APPLICATION

June 30 – July 29, 2022, Monday through Friday (No school July 4, 2022 in observance of the holiday)

1st Period 8:15 am – 10:15 am

Break 10:15 am – 10:30 am

2nd Period 10:30 – 12:30 pm

**Summer School Registration Instructions:** The student and/or parent must complete a 2022 Summer School Student Application with updated contact information and turn it into American Legion High School beginning June 1stthrough June 16th. **All courses will be selected by the Counselor based on credits needed toward graduation. Summer school will be IN PERSON on the American Legion campus.**

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| **REGISTRATION INFORMATION**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Student Name | |  | | | Grade | |  | | Birth Date |  | | | Male Female | | | Address |  | | | Zip |  | | | Phone # |  | | Alternative phone # | | |  | | Parent/Guardian Name | | |  | Email Address | | | |  | | | | | | | | Current School | |  | | Credits | |  | | | | Counselor | |  | | |   **EMERGENCY INFORMATION**  In the case of illness, emergency or accident and the parent/guardian cannot be located or contacted; the following adults are authorized to act on the behalf of the parent/guardian. Please enter two names of local neighbors, friends, relatives or sitter.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 1. Name |  | | Phone # |  | Relationship |  | | 2. Name |  | | Phone # |  | Relationship |  | | Physician’s Name | |  | Hospital |  | Phone # |  |   In the event of an accident or other emergency, WHEN A PARENT IS UNAVAILABLE, I hereby authorize a representative of the school to make such arrangements as she/he considers necessary for my child to receive medical or hospital care, including transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon. The undersigned also hereby agrees to bear all costs incurred as a result of the forgoing.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Print Name |  | Relationship |  | | | Parent/Guardian Signature |  | | Date |  |   ***FOR COUNSELOR USE ONLY***     |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1. Course Title |  |  | Counselor’s Initials |  | | 2. Course Title |  |  | Counselor’s Initials |  | | 3. Course Title |  |  | Counselor’s Initials |  | |

REV. 5/20/16