

SACRED HEART ACADEMY

HEALTH COURSE REGISTRATION FORM

SUMMER 2017

OFFICE USE	
Date Rec'd.	_____
Order Rec'd.	_____

Student Name: _____ Current Grade Level: _____

Dates of Course:

____ Monday, July 3-Friday, July 21

____ Monday, July 24-Friday, August 11

Please indicate your availability for these course sessions by indicating first (1) and second (2) choice, or indicate first choice only if you are not able to attend one of the course sessions.

Availability for Seminars throughout the Course:

Please check the line that best applies to your summer plans during the dates of the course:

____ I can be available at any time of morning or afternoon for scheduled seminars.

____ I am planning to take a summer math or science course at SHA this summer and am available for seminars in the afternoon only.

____ I am planning to take a summer course offered at a site other than SHA and am available for seminars in the afternoon only.

____ I am available for seminars in the morning only for reasons other than summer school.

____ I am available in the afternoons only for reasons other than summer school.

Parent Information:

Parent Email Address for Communication _____

Parent Signature _____

DEADLINE TO RETURN THIS FORM:

Friday, April 21, 2017. You will be contacted regarding enrollment during the week of April 24th. Once enrollment is confirmed, you will be asked to write a check for \$250 made out to Buffalo Academy of the Sacred Heart.

Questions? Email Miss Moran at amoran@sacredheartacademy.org.