

SACRED HEART ACADEMY

HEALTH COURSE REGISTRATION FORM

SUMMER 2018

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

Student Name: _____ Current Grade Level: _____

Dates of Course

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.

____ Session #1 - July 17, 19, 24, 26, 31, & August 2
Morning Session 8:30-11:00 / Afternoon Session 12:00-2:30

____ Session #2 - August 7, 9, 14, 16, 21, & 23
Morning Session 8:30-11:00 / Afternoon Session 12:00-2:30
(Our STEM students must register for Session #2, afternoon only)

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.

Parent Information

Parent Email Address for Communication _____

Parent Signature _____

DEADLINE TO RETURN THIS FORM:

Thursday, May 31, 2018 is the deadline to return this form to the SHA Main Office. You will be contacted regarding enrollment during the week of June 4th. 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.