SUMMER HIGH SCHOOL REGISTRATION 2019

ONLINE - ANYTIME! whlifelearn.org

Click on Summer PreK-12 Offerings

TELEPHONE
Mon-Fri, 8 AM to 4:30 PM - (860) 561-6900
FAX
(24 hours/7 days) (860) 561-6907
Master Card/VISA/Discover

WALK-IN or MAIL
Continuing Education Office
50 South Main Street Rm #419
West Hartford, CT 06107-2447
Office Hours: 8:00am - 4:30pm

BEGINNING THURSDAY, JUNE 20, 2019
register at Hall High School
(Cont Ed office no longer accepting registrations after this date) Summer High School Office

Last	Name		First Name				
Stree	et					Zip	
Home PhoneGrade Completed in				JuneBirth DateGender			
School to Receive Report Card						Optional Racial Ethnic Code:	
Parent/Guardian						ONative American OAsian	
Cell PhoneWork						OBlack OHispanic	
	Parent/Guardian Email					OWhite OOther	
Emergency ContactRelation							
Medical conditions the staff should be aware of							
► NOTE: Any information regarding disability accommodations through an Individual Education Plan (IEP) or Section 504 Plan should be communicated directly from the student's family to the summer school teacher. ► PLEASE CHECK ONE BEFORE CONTINUING: I will contact teacher No accommodations needed							
Busing : Limited bus routes and stops available to West Hartford residents. See schedule in the Summer Options catalog.						OFFICE USE ONLY	
Semester One - Fee \$75 Semester Two - Fee \$75 Health - Quarter - Fee \$35							
Regist	ter here fo	or all courses exce	pt HEALTH :				
SEMESTER		COURSE#	COURSE# COURSE TITLE			TUITION	
1 Monday, June 24 through Friday, July 12							
2 Monday, July 15 through Thursday, August 1							
Regist	ter here fo	or HEALTH - HSPL	E4451:				
Quarter		DATES	DATES				
	1	<u> </u>	Monday, June 24 - Tuesday, July 2 7:30am - 12:20pm				
	2	Wednesday, July	Wednesday, July 3 - Friday, July 12 7:30am - 12:20pm				
	3		Monday, July 15 - Tuesday, July 23 7:30am - 12:20pm				
	4 Wednesday, July 24 - Thursday, August 1 7:30am - 12:20pm						
PAYMENT INFORMATION				NOTE: CONFIRMATIONS WILL BE	Total Tuition Bus Fee +	\$ \$	
PAYMENT BY: CREDIT CARD Master Card VISA Discover						\$ 16.00	
Card #				EMAILED.	TOTAL AMOUNT OWE		
ExpName of Payor				OFFICE USE ONLY			
PAYMENT BY: CASH, CHECK OR M.O.				STUDENT #			
Cash amt \$ Check # MO #							
Mak	e checks pa	ıvable to West Hartfoı	rd Public Schools (WHPS)	Registrar	DateEntered by	Date	