

# SUMMER SCHOOL APPLICATION

Chamberlain Middle School  
720 Fairview Drive  
Carlisle, Ohio 45005

Name: \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

Address: \_\_\_\_\_

Parent or Guardians Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E mail \_\_\_\_\_

All summer school classes will be limited to 20 students. The courses will be filled first with students who failed to pass the respective course, and then on a first come first serve basis. Please enclose the course fee at the time of application. The student code of conduct, as well as all rules in the student handbook, will be enforced. If you have any questions, please call Mr. Dan Turner, Principal, at 937-746-3227.

## PLEASE MARK THE DESIRED COURSE

\_\_\_\_\_ Math \_\_\_\_\_ Language Arts

Cost: \$100 cost per class / Students on free or reduced lunch: \$50

Additional courses: \$50 per course / Students on free or reduced lunch: \$25

If paying by check--- Carlisle Local Schools

## Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_ PH # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ PH # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_

In the event attempts to contact me have been unsuccessful, I \_\_\_\_\_

**grant** or do **not grant** (circle one) the Carlisle Local School District permission to

seek emergency medical assistance for \_\_\_\_\_ (student).

Signed \_\_\_\_\_ (parent or guardian)

For office use: Date Received:

Paid: