

**BARRINGTON PUBLIC SCHOOLS
SUMMER SCHOOL REGISTRATION**

STUDENT NAME _____

GRADE COMPLETED _____ SCHOOL _____

PARENT/ GUARDIAN'S NAME: _____

MAILING ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS (OPTIONAL): _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY PHONE NUMBER: _____

LIST ANY MEDICAL CONCERNS: _____

COURSE TITLE	FEE
1. _____	_____
2. _____	_____
TOTAL	_____

Parent/Guardian's Signature

Date

Please make checks payable to the "Barrington Public Schools"

Please Note: NO REFUNDS WILL BE MADE AFTER CLASSES BEGIN.