

# Greg Mathis Charter High School 2021 Summer School Registration

## STUDENT INFORMATION

|                 |   |                 |
|-----------------|---|-----------------|
| LAST NAME:      | FIRST NAME:                                   | MIDDLE INITIAL: |
| Date of Birth:  | Gender: <b>Circle One</b> ) <b>M</b> <b>F</b> |                 |
| Address:        |   |                 |
| City:           | State:  | Zip Code:       |
| Home Phone:     | Cell phone:                                   | County:         |
| Current School: |   | Current Grade:  |

## FAMILY INFORMATION

|                       |               |             |
|-----------------------|---------------|-------------|
| Parent/Guardian Name: | Relationship: |             |
| Address:              |               |             |
| City:                 | State:        | Zip Code:   |
| Cell Phone:           | Home Phone:   | Work Phone: |

## Emergency Contact

|   |        |  |
|---|--------|--|
| Name of a relative not residing with you: |        |  |
| Address:                                  | Phone: |  |
| City:                                     | State: | <b>Allowed to pickup students:</b><br>(Circle One) <b>Yes</b> or <b>No</b> |
| Relationship:                             |        |  |

## Health information

**Information On This Card May be Shared With Appropriate School Official Or Emergency Personnel For Your Child's Health And Safety.**

|  |                      |
|--|----------------------|
| Please list any conditions(s) student has:   |                      |
| Please list any medication(s) student takes: |                      |
| Student's Doctor:                            | Office/ Clinic Name: |
| Office/Clinic Phone:                         | Hospital Preference: |

## SUMMER SCHOOL

| Courses | Credit Recovery (CR) Initial Credit (IC) |
|---------|--|
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |

## SIGNATURES

**I authorize the verification of the information provided on this form. I have received a copy of the Summer School policies and guidelines.**

|                                 |       |
|---------------------------------|-------|
| Signature of Student or Parent: | Date: |
| Signature of School Counselor:  | Date: |
| Principal's Signature           | Date: |

Return completed form by JUNE 21, 2021 to Greg Mathis Charter High School at 2872 Azalea Drive North Charleston, SC 29405. Please Call the Guidance Department at (843) 557-1611 if you have any questions.