



Cardinal Local School District Summer School Registration Form

Student Last Name:		Student First Name:			
Address:		City:		Zip Code:	
Home Phone:			Date of Birth:		
Parent/Guardian Name:			Cell/Work Phone:		
Parent/Guardian Name:			Cell/Work Phone:		
Student's School / District:					
Last Grade Completed:	8 th Grade	9 th Grade	10 th Grade	11 th Grade	12 th Grade

Selected Courses	Subjects Offered	Fee <small>*All courses \$200 unless noted</small>
	English (check one): 1 2 3 4	
	Algebra (check one): 1 2	
	Geometry	
	Physical Science	
	Biology	
	Chemistry	
	Earth Science	
	World History	
	American History	
	American Government (.5 credits)	
	Economics (.5 credits)	
	Geography	
	Health (.5 credits) *\$175.00	
	Physical Education (.5 credits) *\$175.00	
	TOTAL:	

*Don't see the course you're looking for? Call 440-632-0261 for additional information.

Signature below indicates that I **acknowledge the course requirements and deadline for completion of work and exams** and am the parent of this student (as designated in O.R.C. 3313.64 which states: parents means either parent, unless the parents are separated or divorced, in which case "parent" means the parent with legal custody of the child.) If neither parent has legal custody of the child, "parent" means the person or government agency with legal custody.

Parent/Guaridan Signature: _____ Date: _____

If there are special concerns, please list them here: