



# SACRED HEART OF JESUS SCHOOL

*Excellence in Catholic Education for over 100 years*

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## SUMMER SCHOOL PROGRAM INFORMATION

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Summer School : \_\_\_\_\_

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

School Phone Number: \_\_\_\_\_

Dates of Summer School Program: \_\_\_\_\_

Summer School Subject Areas to be completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have registered my child in the above listed summer school program and I understand that it is necessary for my child to successfully complete the program.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

This form must be returned to Sacred Heart of Jesus School by July 1<sup>st</sup>