HIGH SCHOOL Registration Form
Mail to:
9 – 12 PT Affiliates Summer School
2701 Huntington Dr., San Marino, CA 91108

Student Information – Please PRINT Neatly – ALL information must be complete to register.

Name of Student _____ Student I.D. _____
Last First Middle

Address _____
Street City Zip Code

Grade in September _____ Circle: Male Female
Counselor (If known)_____
Home Phone (_____) _____
Father's Work Phone (_____) _____ Father's Name _____
Mother's Work Phone (_____) _____ Mother's Name _____
Guardian's Work Phone (_____) _____ Guardian's Name _____
Guardian's Work Phone (_____) _____ Guardian's Name _____
In Emergency if Parent/Guardian can't be reached _____ (_____) _____
Name Phone
If no contact can be made, in the event of an emergency I authorize necessary medical care from the emergency hospital or
Dr. _____ (_____) _____
Name Phone City

_____ Name of Home School _____
Parent/Legal Guardian Signature (required)

NOTE: Transcripts for schools other that San Marino High School will be sent by written request only.

PLEASE ENROLL THE STUDENT IN THE FOLLOWING COURSES:
One Period = $395.00 Two Periods = $520.00 Three Periods = $900.00

PERIOD 1 8:00 – 10:05 AM *Alternate Choice Lab Fees

1st Choice _____/*_____ _____

PERIOD 2 10:15 – 12:20 PM *Alternate Choice

1st Choice _____/*_____ _____

PERIOD 3 1:00 – 3:05 PM *Alternate Choice

1st Choice _____/*_____ _____

*ALTERNATE CHOICE: If one of the above courses is full, the student will automatically be enrolled in the alternate choice, space permitting. Failure to indicate an alternate choice may cause a class to fill while you are
being contacted to choose an alternate course.

PLEASE DO NO ENTER ANY INFORMATION BELOW THE DOUBLE LINE.

FOR OFFICE USE ONLY
Date received_____Check #_____Amount Paid_____Late Fee Paid_____