

ODYSSEY CHARTER HIGH SCHOOL
NEW STUDENT
SUMMER SCHOOL REGISTRATION

Student & Parent Information (Please Print)

Today's Date: _____

Student Name: _____ **Student ID#** _____

Address: _____ **City:** _____ **Zip:** _____

Parent Phone Number: _____ **Grade for School Year 17-18:** _____

Please select your attendance day of preference for the week. **Summer School begins Monday, June 12, 2017 and ends Friday, June 30, 2017 – sessions are AM only 8am - Noon.** Please list a first and second choice.

Mon _____ Tue _____ Wed _____ Thu _____

Students cannot have any absences from summer school.

Students new to Odyssey accepted to summer school will be, on **successful completion of summer school**, guaranteed acceptance to Odyssey for the 2017-2018 school year. In order to continue offering our free summer school program, summer school credits **WILL NOT TRANSFER** to another school unless a student completes the **full 2017 Fall Semester** at Odyssey Charter School. If you have changed your mind about attending Odyssey Charter School next year, please let us know so we can withdraw you from our summer school program.

Parents, please sign below:

I, _____, parent or legal guardian of _____
Print Parent Name Print Student Name

understand that any courses my student completes during Odyssey Charter High School's Summer School Program will **NOT** transfer to another school unless my student attends OCHS for the full 2017 Fall Semester. If I decide **NOT** to enroll my student at Odyssey Charter High School for the 2017-2018 school year, I will withdraw my student from the Summer School Program.

Parent Signature: _____

Office Use Only

Counselor: _____

Course 1: _____ Semester: _____

Course 2: _____ Semester: _____

Course 3: _____ Semester: _____

Course 4: _____ Semester: _____

Date Approved: _____