

American Learning Systems, Inc.
dba American Heritage Summer School
12200 West Broward Boulevard * Plantation, FL 33325
Phone: (954) 472-0022, ext. 3053 * Fax: (954) 472-0758

SI \$ _____	Date _____
SII \$ _____	Date _____
SIII \$ _____	Date _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> MC <input type="checkbox"/> V <input type="checkbox"/> AmEx	
(Office Use Only)	

Summer School Application 2008

Student Information (Please advise the office of any changes in information)

Last Name _____ First Name _____ Age _____ Sex: M ___ F ___ Date of Birth _____

Parent Information: Please be sure to provide all requested information.

Father's Name _____ Mother's Name _____

Address _____ Address _____

Home # _____ Work # _____ Home # _____ Work # _____

Cell # _____ E-mail _____ Cell # _____ E-mail _____

If parents are divorced/separated, who is custodial parent? _____

School Information

Grade Completed June 2008 _____ School Attended _____ School Telephone # _____

Address _____ Guidance Counselor _____

Grade Entering August 2008 _____ School Attending _____ School Telephone # _____

Address _____ Guidance Counselor _____

Summer School Programs Middle School / Junior High

Grades 6-8 * Cost \$815.00 per 3-week session * Time: 8:00AM - 12:00PM

_____ Required (Attendance is Mandatory)			_____ Enrichment		
_____ Session I		_____ Session II		_____ Session III	
6/9 - 6/27		6/30 - 7/18		7/21 - 8/8	
(No School 7/4)					

Please select three courses from the list below:

___ Reading/Literature	___ Science	___ Math {please check last years level below}
___ English	___ Social Studies	___ Regular
		___ Pre Algebra

___ **Development of Writing Skills (Session II Only)**

English as Second Language (ESL)

Grades 6- 8 * Cost \$815.00 per 3-week session * All students must be able to read in Native Language * Time: 8:00AM - 12:00PM

_____ Session I			_____ Session II			_____ Session III		
6/9 - 6/27			6/30 - 7/18			7/21 - 8/8		
(No School 7/4)								

Summer School/Summer Camp Combination

Cost \$1220.00 per 3-week session * Attend Summer School 8:00AM-12:00PM/Day Camp 12:00PM-3:30PM

If you wish to enroll in this program please check: YES ___ NO ___ Session I ___ Session II ___ Session III ___

Medical Information

Medical Insurance Carrier _____ Policy Number _____
Physician's Name _____ Phone Number _____
Is your student currently taking any medication? Yes No * If yes, please list _____
_____ My initials to the left authorize the School Nurse to administer to my student: Tylenol _____ Ibuprofen _____
Please list any information that you feel is important concerning student's medical background, allergies or
personality. _____

_____ If I cannot be reached, my initials to the left and my signature below authorize American Heritage Summer
School for emergency medical treatment, hospitalization, anesthesia, or necessary injections for my student and I
assume responsibility for payment of bills.

This authorization does not cover major surgery unless the medical opinions of TWO licensed physicians or
dentists concurring in the necessity for surgery are obtained prior to the performance of such surgery.

Enrollment and Payment

Enrollment & Registration Must Be Completed Ten (10) Days Prior To Class Start Date

Forms of Payment: Cash * Personal Check * Money Order * MasterCard * Visa * American Express

Please complete the form on the reverse side and check all information
concerning the program in which you wish to enroll.

Payment-in-full must accompany the student registration to be complete.

A current/final report card must be submitted upon registration.

Refund Policy

***Canceled Session** Notification that you are canceling a summer school session must be received in writing by
the following date:

May 15, 2008

*If cancellation is received in writing on or before the above date, a refund will be granted minus a \$100
processing fee.

*After **May 15th NO REFUND** request will be honored and all unpaid Summer School fees will be due.

*There is **NO REFUND** in the event the National Hurricane Center broadcasts a *Hurricane/Tropical Storm
Watch/Warning* for South Florida. In such an event American Heritage Summer School will cancel its program
for the duration of the Watch/Warning. No make-up days will be issued.

_____ My initials to the left indicate that I have read and agree to abide by the Summer School Refund Policy.

General Statement Policy

1. As Parents or Guardians, we agree that we will be responsible for any loss, damage or destruction by our
student to any property of The School or to any property for which The School is liable or chargeable.
2. American Heritage Summer School is hereby granted permission to use any individual or group photo showing
our student involved in school activities for advertising purposes.
3. We agree to pay American Heritage Summer School in full (at the published rate) for all services requested.
4. American Heritage Summer School may unilaterally dismiss a student should it determine that the conduct of
the student is not in the best interest of The School. There will be NO REFUND or credit of summer school fees.

My Signature Below Indicates That I:

***have read, understand and agree to abide by the Medical Information, Refund and General
Statement Policies**

***authorize American Heritage Summer School to send a final report to my student's Home School**

***and my student have read and agree to abide by the rules and regulations set forth in the Summer
School Admissions Packet**

Mother's Signature _____ Date _____

Father's Signature _____ Date _____