

**American Learning Systems of Boca/Delray  
d/b/a American Heritage Summer School  
6200 Linton Blvd. \* Delray Beach, FL 33484  
Phone: (561)495-7272 Ext. 207 \* Fax: (561)495-1544**

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 2012

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

Last \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ D/O/B \_\_\_\_\_

**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 2012 \_\_\_\_\_ School Attended \_\_\_\_\_

School Telephone # \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Address \_\_\_\_\_

Grade Entering August 2012 \_\_\_\_\_ School Attending \_\_\_\_\_

School Telephone # \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Address \_\_\_\_\_

<b>Summer School Programs</b>			
<b>High School Credit Courses/Attendance is Mandatory</b>			
Grades 9-12 * Cost \$930.00 per course/per 3-week session			
Times: 8:00AM - 12:00 Noon * 12:15PM - 4:15PM *			
<i>A maximum of 2.0 full credits may be earned in Summer School.</i>			
*All courses require prior approval from Guidance Department.*			
_____ Session I	_____ Session II	_____ Session III	
6/4 - 6/22	6/25 - 7/13	7/16 - 8/3	
(No School 7/4)			
Check One: <input type="checkbox"/> First Impulse <input type="checkbox"/> Grade Improvement <input type="checkbox"/> Repeat For Credit <input type="checkbox"/> Pre-Requisite			
Course Name _____	Semester 1 _____	Semester 2 _____	Approval _____
Course Name _____	Semester 1 _____	Semester 2 _____	Approval _____
Course Name _____	Semester 1 _____	Semester 2 _____	Approval _____
Course Name _____	Semester 1 _____	Semester 2 _____	Approval _____
Course Name _____	Semester 1 _____	Semester 2 _____	Approval _____
Course Name _____	Semester 1 _____	Semester 2 _____	Approval _____

<b>English as Second Language (ESL)</b>			
Grades 9-12 * Cost \$930.00 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	
6/4 - 6/22	6/25 - 7/13	7/16 - 8/3	
(No School 7/4)			

# Enrollment and Payment

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

**Forms of Payment: Cash \* Cashier's 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.**

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## Refund Policy

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

**May 11th, 2012**

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

\*After **May 11th NO REFUND** request will be honored and all unpaid Summer School fees will be due.

\*American Heritage Summer School reserves the right to cancel a course due to insufficient enrollment. In the event an alternative course offering is not available, a full refund for the canceled course will be granted.

\*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.

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## 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.

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**My Signature Below Indicates That I, \_\_\_\_\_**

**\*have read, understand and agree to abide by the 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 \_\_\_\_\_**