



1515 S Val Vista Dr, Gilbert, AZ 85296 | P (480) 813-1151

Desert Hills School Summer School 2019

Students are able to participate in one class per session. Perfect attendance is required for students to receive .5 credit for a class. All students will receive a FREE lunch daily. Classes are a total of ten days, Monday-Friday. Place an "X" next to the class you want to attend. If a student misses more than one hour of any class for any reason, they will not be able to earn credit. No accommodations will be made. Do not sign up for classes if you know you have a prior appointment. Classes are from 8:00 AM - 2:35 PM (Lunch: 11:30-11:50). Each class will cost \$25. This fee is non-refundable after the first hour of class, on the first day of the class. Any discipline issues will not be tolerated, and students will be removed without a refund. Transportation will be provided: Check the website for specific stops. It is recommended non DHHS students bring in an unofficial transcript so we can recommend a class. Future Freshman for the 2019-2020 year will receive one free session or class, a \$25 savings, limited to the first 25 students to who sign up.

Session 1: June 3 - June 14

Geometry 1-1

English 11-1

English 12-1

US History 1

Biology 1

Computer Based Education

Please contact the office for options

Subject: _____

Session 2: June 17 - June 28

Statistics

English 9-1

English 10-1

Biology 2

Computer Based Education

Please contact the office for options

Subject: _____

Disclaimer: All classes offered are subject to change. Minimum enrollment and staffing requirements must be met.

Updated: 3/28/2019

Desert Hills High School Summer School Registration Form 2019

STUDENT INFORMATION					
Student's Last Name	Student's First Name	Student's Middle Name:	Age:	Grade:	Gender:
Date of Birth (Month/Day/Year) / /	Student's email address:			Student's Cell Phone	
SCHOOL INFORMATION					
Name of School Attended During School Year		School Location (City, State, Zip Code, if known)			
PARENT/GUARDIAN/ADULT STUDENT (over 18) INFORMATION					
Primary Contact: Name (Last, First)		<input type="checkbox"/> OK to pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mailings		Secondary Contact: Name (Last, First)	
Home Address		Home Address		<input type="checkbox"/> OK to pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mailings	
City	State	Zip Code	City	State	Zip Code
Mailing Address (if different from above)			Mailing Address (if different from above)		
City	State	Zip Code	City	State	Zip Code
Home Phone (___ Primary #)	Work Phone (___ Primary #)		Home Phone (___ Primary #)	Work Phone (___ Primary #)	
Cell Phone (___ Primary #)	Relationship to Student		Cell Phone (___ Primary #)	Relationship to Student	
Email Address:			Email Address:		
IN CASE OF EMERGENCY NAMES OF PERSONS OTHER THAN PARENT WHO CAN ASSUME TEMPORARY RESPONSIBILITY					
Emergency Contact 1 Name (Last, First) - Person that can Pick up Student			Emergency Contact 2 Name (Last, First) - Person that can Pick up Student		
Home Phone	Work Phone		Home Phone	Work Phone	
Cell Phone	Relationship to Student		Cell Phone	Relationship to Student	
PLEASE LIST SIBLINGS					
		Names (Last, First)	Age	School	
		1.			
		2.			
		3.			
		4.			
TO THE BEST OF MY KNOWLEDGE THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE. (FALSIFICATION OF INFORMATION IS A CLASS 6 FELONY - A.R.S. 13-2-107) STUDENT WILL BE WITHDRAWN FOR FALSE INFORMATION		X _____ PARENT / GUARDIAN / ADULT STUDENT SIGNATURE			
				_____ DATE	
Will the student need to ride the school bus? Specific locations TBA <input type="checkbox"/> Yes <input type="checkbox"/> No 					
What school is student planning on attending during the 2019-2020 school year? _____					
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> PD Session 1 \$25	<input type="checkbox"/> PD Session 2 \$25	Staff _____ Date _____ Staff _____ Date _____