

Westport Continuing Education : Summer 2019

High School Registration Form

For office use **Summer 2019 / Name:**

Today's Date _____

Student Name _____

Street Address _____ City _____ State _____ Zip _____

Mother / Guardian Cell _____ Father / Guardian Cell _____ Home Phone _____

Mother / Guardian Email _____ Father / Guardian Email _____ Student Email _____

Grade (in Fall 2019) _____ Date of Birth _____ School _____

Names of Parents / Guardians _____ Address (if different than student) _____

Emergency Contact Name _____ Phone _____ Relationship to Student _____

Please list:
 Medical Conditions _____ Allergies _____ Medications _____

Student's Doctor's Name _____ Phone Number _____

Course No.	Title	Start Date	No. of Sessions	Time	Location	Fee
					Total	

Students must obtain signatures certifying that approval has been granted to register for the classes listed above:

School Counselor Name, printed _____ School Counselor Signature _____ Date _____

Department Head Name, printed _____ Department Head Signature _____ Date _____

PLEASE NOTE: There are no refunds or credits for withdrawal from high school credit courses



Parent/guardian must initial to acknowledge refund policy.

Payment Type: MasterCard VISA Check payable to Westport Continuing Education **Check #** _____

Credit Card # _____ Exp. Date _____ 3 Digit Security Code _____

Name on card _____ Billing Address (if different than mailing address) _____

There are no online registrations for high school credit courses. Please refer to instructions on Page 18 for completing this application.

Submit completed applications to:

Mail: WCE, 70 North Avenue, Westport CT 06880 / **Drop off:** Staples High School, Room 1040