

**Centennial High School
Request for Summer School Registration Form
(Submit to Counseling Office)**

Name _____ Grade _____

Email _____ (this must be checked regularly)

- (1) I would like to request a summer school registration form for the following class(es). I may take a maximum of one credit in summer school. Course availability will be dependent on student enrollment, so please specify your first choice. Please email your counselor if you have any questions.

Course _____ Semester _____

Course _____ Semester _____

- (2) Your counselor will send you a registration form with the approval for the desired courses after reviewing your request. If your counselor has questions or concerns, he/she will email you at the address indicated above. You must complete the remaining sections of the registration form as highlighted on the form. You will return the completed form along with full payment (no cash accepted) on one of the dates and times specified in the summer school flyer. Please read the form entirely for important information regarding due dates and payment methods.

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