



WOODROW WILSON SENIOR HIGH SCHOOL
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**Woodrow Wilson Senior High School
Summer Math Enrichment Program
June 23, 2008 – August 1, 2008
8:30 am – 12:30 pm**

Registration Form

Please print.

Date _____

Last Name: _____

Emergency
Contact Person: _____

First Name: _____

Emergency
Contact Telephone: _____

Student ID #: _____

E-mail: _____

School (2007 – 2008): _____

Grade (2007 – 2008): _____

Math Teacher and Course (2007 – 2008): _____

Summer Course

Check one: _____ **Geometry** _____ **Algebra 2**

Parent/Guardian

Last Name: _____

First Name: _____

Parent/Guardian

Address: _____

E-mail: _____

Home Telephone: _____

Work Telephone: _____

Student: I understand that –

1. I will earn one Carnegie unit if I earn a final course grade of B- or better.
2. If I am absent three or more times I will not be allowed to participate in the program.
3. I will take a mathematics course in SY 2008 – 2009.

Parent: I give permission for my child to participate in the Summer Math Enrichment Program.

Student Signature

Date

Parent/Guardian Signature

Date