

Summer Studies Program 2009

Registration Form for Refresher/Preparation Courses

Student Name: _____

Grade for 2009-2010: _____

Address: _____
Number Street City State Zip

Home Phone: _____

Mother's Work No.: _____

Father's Work No.: _____

Email: _____

I would like to enroll in:

Study Skills Seminar (\$240)

Session I (begins 6/23, 8 a.m.) _____ Session II (begins 7/12, 8 a.m.) _____

Refresher Math (\$200)

One session only (begins 7/20, 9 a.m.) _____

Math Level Change (\$280)

One session only (begins 6/23, 8 a.m.) _____

OFFICE USE ONLY: ck.# _____ amount paid: _____

Instructor _____ received by: _____
date: _____

Mail to: Mrs. Lonnell Battle, Summer Studies Program Director
Paul VI Catholic High School
10675 Lee Highway Fairfax, VA 22030

TO ENROLL: RETURN PAYMENT AND THIS REGISTRATION FORM TO PVI BY JUNE 1, 2009.
Late registrations after this date will be accepted based on available space remaining in the class.