

## INTERCITY REGISTRATION FORM

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Grade: 09 10 11 12

Current School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Student email \_\_\_\_\_

**Course Information:**

Semester (circle)    Fall    Spring

**Approval Signatures:**

Student \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Counselor (home school) \_\_\_\_\_

**Note:** A copy of this form should be made for each school involved.

**Completed form must be returned to your counselor within the first three (3) days of a semester.**