

School for Independent Learners

1231 Solano Avenue, Albany, CA. 94706

Phone 510-525-5506

Fax: 510-525-5508

SUMMER REGISTRATION FORM

STUDENT INFORMATION			
Date Today			
Student Last Name	Student First Name	Gender	Birthdate
School student will attend in Fall	Grade	Student Phone #	
Student Email			
PARENT/GUARDIAN 1			
Last Name	First Name	Relationship to Student	
Home Phone #	Work #	Cell #	
Street Address, City, Zip		Email	
How did you hear about us?			
PARENT/GUARDIAN 2			
Last Name	First Name	Relationship to Student	
Home Phone #	Work #	Cell #	
Street Address, City, Zip		Email	

Please provide course and scheduling requests below. Instruction is 1-1 or semi-private and students can start at any time. Within 2 weeks of receiving this form we will contact you with a proposed schedule and cost estimate. Feel free to call the office at 510-525-5506 with questions. Please answer the following questions:

1. Is this a class your son/daughter is repeating?
2. What is the earliest date your son/daughter can start?
3. Any dates your son/daughter will be on vacation?
4. Preferred times and days for taking course(s):
5. Anything else you would like us to know about your son/daughter?
6. For a few selected courses, we will offer a small group option. Please indicate whether this is an option you would like to consider.

Group option: Yes No

Please circle course(s) and semester(s) for which you want to register:

a - HISTORY			d - SCIENCE		
Government	S1	S2	Biology	S1	S2
AP US Hist.	S1	S2	AP Bio	S1	S2
US History	S1	S2	Chemistry	S1	S2
World History	S1	S2	AP Chem	S1	S2
AP World H.	S1	S2	Physics	S1	S2
b - ENGLISH			e - WORLD LANGUAGES		
AP English	S1	S2			
Genre in Lit. (9)	S1	S2	Japanese (1-3)	S1	S2
World Lit (10)	S1	S2	French (1-4)	S1	S2
Amer. Lit., (11)	S1	S2	Spanish (1-3)	S1	S2
Lit. & Comp. (12)	S1	S2	AP Spanish	S1	S2
			Latin (1-3)	S1	S2
			AP Latin	S1	S2
c - MATH			f - COLLEGE PREP ELEC.		
Algebra 1	S1	S2			
Geometry	S1	S2			
Algebra 2	S1	S2	Economics	S1	S2
PreCalculus	S1	S2			
Calculus AB	S1	S2			
Calculus BC	S1	S2			

FAX OR MAIL THIS FORM TO:

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