

2020-2021 Archer High School Students Summer Health and Physical Education Registration Form

I understand that the following conditions will be effective for my Health and/or Physical Education Class:

1. I understand that no more than ONE day's absence from each class is allowed. Three tardies are equal to one absence. Anything up to 30 minutes late will be a tardy; after 30 minutes it will be counted as an absence. I understand that I will be withdrawn upon the second absence. There is an appeal process for absences beyond 1 day.
2. I understand that withdrawal from class will occur for non-attendance or disciplinary action. It is my responsibility to notify my parents/guardian if I am absent or withdrawn from class.
3. I must provide my own transportation to and from all classes.
4. I certify that I have received a copy of the Gwinnett County student handbook. I accept the responsibility for reading the requirements and I understand the consequences for violation of these policies. I expect the procedures that are listed therein to be enforced by the teachers and administrators. I agree to abide by the rules and regulations outlined.
5. It is my responsibility to register for the correct class and to make sure that I have met any prerequisites
6. I understand the following refund policy: (A) Full refund for withdrawal a week or longer before class begins; (B) Nonrefundable fee of \$25 assessed for withdrawal less than a week before class begins; (C) No refund after class begins.
7. If I receive special services at my home school, I understand that it is my responsibility to provide a copy of my IEP or 504 plan.
8. I agree to pay for any lost textbook.
9. I will pay the required **\$100.00** tuition fee for **each class** circled before being officially registered.
10. Credit will be given only for students fulfilling academic and attendance requirements.
11. I agree my transportation will be here immediately after class is complete, as I am not allowed to remain on campus.
12. I understand that I am not allowed to be on campus except during the time of my class(es). If only taking one class, I agree not to arrive earlier than 10 minutes before my class and to leave campus immediately at class dismissal.

SEATS ARE LIMITED. WE WILL CLOSE THE CLASS WHEN THE 120 STUDENT LIMIT IS REACHED.

Class Dates: First Day: Tuesday, May 26 Last Day: Friday, June 12

Students will attend class Monday through Friday.

Class Times: 7:15 am – 11:30am Lifetime Fitness Class (please remember to bring a change of clothes)
11:30 am – 11:45 am Students will bring their lunch
11:45 am – 4:00 pm Health Class

Health and Physical Education at Archer High School Registration

Student Full Name (print) _____ Student # _____ Date of Birth _____

Circle the class or classes for which you are registering: **Physical Education - \$100.00 Health - \$100.00**

Address _____ City _____ Zip Code _____

Parent E-mail Address _____ Home Phone # _____ Parent Cell# _____

Father/Guardian Name (print) _____ Work # _____

Mother/Guardian Name (print) _____ Work # _____

In case of emergency call _____ at phone # _____

I/we agree to the above entrance, withdrawal, and behavioral contract. **(BOTH PARTIES MUST SIGN)**

Student Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Registration will open Monday February 17, 2020

My Payments Plus: www.mypaymentsplus.com