

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.