

2009 High School Summer School  
Holly Springs High School  
5329 Cass Holt Rd.  
Holly Springs, NC 27540  
919.577.1444

***\*\*\*Please note that submitting this form does not guarantee a seat in Summer School. You will be notified if you to attend after all applications have been considered and evaluated based upon enrollment criteria.***

**STUDENT INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

home phone \_\_\_\_\_ emergency phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Base school \_\_\_\_\_ Base school # \_\_\_\_\_

Student NC WISE ID number \_\_\_\_\_

grade enrolled during 2008-09 year \_\_\_\_\_ What year should you graduate?  2009

2010

For what course are  
you enrolling?

course #  
(from 2008-09 catalog)

Other

\_\_\_\_\_ repeat?  yes  no

Allergies / Medical conditions: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Contact name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone number \_\_\_\_\_

What transportation will the student be using?

carpool

personal vehicle:

What is the make & model car? \_\_\_\_\_

What is the license number? \_\_\_\_\_

***For office use only***

Recorded by \_\_\_\_\_ Date \_\_\_\_\_

Course(s) approved \_\_\_\_\_