



# Compass High School

## SUMMER PROGRAM REGISTRATION

### 2019

Today's Date: \_\_\_\_\_

Mail Application To:  
**COMPASS HIGH SCHOOL**  
**2040 PIONEER COURT**  
**SAN MATEO, CA 94403**

#### STUDENT INFORMATION

Name of student \_\_\_\_\_ Prefers to be called \_\_\_\_\_  
 Next grade \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

Parent/Guardian name \_\_\_\_\_ Parent/Guardian name \_\_\_\_\_  
 Street address \_\_\_\_\_ Street address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Email address \_\_\_\_\_ Email address \_\_\_\_\_  
 Best phone \_\_\_\_\_ Other phone \_\_\_\_\_ Best phone \_\_\_\_\_ Other phone \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ With whom should we communicate \_\_\_\_\_

#### ACADEMIC INFORMATION AND SPECIALIZED SERVICES

Does your child have a current IEP?  Yes  No If so, please include with application.  
 Name of current school \_\_\_\_\_ Grades attended \_\_\_\_\_  
 List the most recent testing administered to your child. Please provide a copy of reports with registration, unless we already have them.  
**Psychoeducational** Date given \_\_\_\_\_ Examiner \_\_\_\_\_  
**Speech/language** Date given \_\_\_\_\_ Examiner \_\_\_\_\_  
**Other assessments** Type \_\_\_\_\_  
 Date given \_\_\_\_\_ Examiner \_\_\_\_\_  
 Where did you learn about Compass High School's Summer Program? \_\_\_\_\_

#### HEALTH INFORMATION

Doctor name & phone \_\_\_\_\_ Dentist name & phone \_\_\_\_\_  
 Medical plan & number \_\_\_\_\_ Dental plan & number \_\_\_\_\_  
 Does your child have a history of any of the following?  
 Constant colds  Asthma  Headaches  Dizziness/Fainting spells  Bladder problems  
 Migraines  Tonsillitis  Ear infections  Accidents/Broken bones  Other\*  
 Abdominal pains  Seizures  Respiratory infections  Surgery

\*If other, please explain \_\_\_\_\_

## HEALTH INFORMATION (CONTINUED)

Is your child currently taking any medications?  Yes  No If so, please list below.

Medication	Dosage	Times per day	Diagnosis	Supervising Physician

## PERMISSIONS

May your child receive occasional over-the-counter medications when necessary (ibuprofen, tums, benadryl, allergy, ointment)?  Yes  No

May we photograph your child during school activities and reproduce their likeness in school publications?  Yes  No

Do you consent to have your child participate in supervised walking field trips during the summer program?  Yes  No

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

## ENROLLMENT

Compass High School's summer program will run from

**9am – 1pm**

**June 10th – June 28th.**

The three week summer program is designed to help students reach the following goals:

- Engage in high-level ACT and SAT preparation
- Complete Personal Statement essays
- Develop academic and expository writing skills
- Learn about resources and supports available to develop writing skills on both high school and college campuses
- Develop presentation and public speaking skills
- Have fun while beginning to explore life after high school!