

Registration Form
APEX Summer 2018 Term

First & Last Name: _____

Date of Birth: _____ Student Grade Level: _____

Student ID#: _____

Student Address: _____

Parent email: _____

Parent cell: _____

Student cell: _____

Class needed for credit recovery: (list 2 courses)

Does your child have an athletic coach? If so, coach's name: _____

Please note that attendance of 3 out of 4 days per week is mandatory from 8:30 – 12:30, Monday-Thurseday. Students who wish to complete their courses sooner, should attend all 4 days

All attendance issues should be directed to Mrs. Proctor, the Credit Recovery Coordinator at 727-588-3758 or by email at proctort@pcsb.org

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please return this form to Mrs. Proctor Room 2-244