

Receipt Number _____

School District of Haverford Township

Summer Session – 2020

HAVERFORD TOWNSHIP RESIDENTS

(Haverford High School Students)

APPLICATION FOR ORIGINAL CREDIT COURSES

Course: _____ Date: _____

Student's Name: _____

Address: _____

_____ Phone: _____

School last attended: _____

This year I was in grade _____ I have an IEP: YES _____ NO _____

GENERAL INFORMATION: (Please read carefully)

- A fee of \$430.00 will be charged for an original credit course. There will be no refunds unless the class is canceled. Fees must be paid by PayPal, check or money order payable to **THE SCHOOL DISTRICT OF HAVERFORD TOWNSHIP**. Mail payment to HHS c/o Ms. Karyn Smyth.
- Access PayPal payment via the following link:

<https://haverfordsd.corecommerce.com/summer-session/>

Signature of Parent/Guardian

Emergency Telephone Number

Parent/Guardian Email

Student Email