



# MID-PACIFIC INSTITUTE SUMMER SCHOOL

2445 Kaala Street, Honolulu, HI 96822

## SUMMER SCHOOL REGISTRATION FORM

(Payment and Medical Authorization Form must accompany Registration Form)

Student's current school \_\_\_\_\_ Current grade \_\_\_\_\_ Grade Fall 2010 \_\_\_\_\_

Student's Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Parent/Guardian's Full name \_\_\_\_\_ Relation to student \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_ Email address \_\_\_\_\_

Daytime phone \_\_\_\_\_ Home phone \_\_\_\_\_ Other \_\_\_\_\_

Emergency contact during the summer (if different from above) \_\_\_\_\_

Relation to student \_\_\_\_\_ Telephone \_\_\_\_\_

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Health Insurance \_\_\_\_\_ Membership # \_\_\_\_\_

**Non-MPI students must show proof of last TB clearance done in the United States (submit copy of Medical Form 14 or immunization/health card with registration form). Health insurance and tuberculosis clearance are required to attend classes at MPI. MPI reserves the right to cancel or make changes to any class.**

### COURSE SELECTIONS

Refer to summer school catalog for course numbers, dates, times and tuition information.

Course Number/Title FIRST CHOICE	Tuition	Course Number/Title SECOND CHOICE	Tuition
1. _____	\$ _____	1. _____	\$ _____
2. _____	\$ _____	2. _____	\$ _____
3. _____	\$ _____	3. _____	\$ _____
4. _____	\$ _____	4. _____	\$ _____

**LUNCH FOR ELEMENTARY STUDENTS June 7 to July 9, 23 days at \$4.25/day = \$97.75 add to tuition →** \$ \_\_\_\_\_

Select choice of drink:  2% milk  Skim milk  Orange Juice  
(Include lunch payment with tuition and make check payable to Mid-Pacific Institute.  
MPI will place order with Sodexo.)

**Total enclosed:** \$ \_\_\_\_\_

#### AUTHORIZATION FOR MEDICAL CARE/SUMMER SCHOOL AGREEMENT

I hereby authorize Mid-Pacific Institute, its faculty and staff to take whatever deems necessary for the health and welfare of the student submitting this registration. This authorizes the school to admit the student to any hospital selected by the attending doctor. In the event of an accident/emergency, the student may be taken to the nearest doctor and/or hospital for treatment and care. I will be responsible for any bills incurred in this care and treatment.

I agree to adhere to the policies/procedures outlined in the summer school catalog and I also agree that my child's photo may be used in school publications or on the school web site without further consideration.

\_\_\_\_\_  
PARENT'S OR LEGAL GUARDIAN'S SIGNATURE DATE

**IMPORTANT NOTE: Special Medical needs should be reported to the nurse. Call the school nurse at 973-5120.**

*Submit the appropriate Sports Registration Form to sign up for Swimming and/or Tennis*

*Mid-Pacific Institute is a nondiscriminatory employment and educational institution.*