

# Canon-McMillan Summer School Program Registration Form 2019

**Date**

\_\_\_\_\_

**Last Name**

\_\_\_\_\_

**First Name**

\_\_\_\_\_

**Street Address**

\_\_\_\_\_

**Apartment Number**

\_\_\_\_\_

**City**

\_\_\_\_\_

**State**

\_\_\_\_\_

**Zip Code**

\_\_\_\_\_

**Phone Number**

\_\_\_\_\_

**Emergency/Alternate Phone Number**

\_\_\_\_\_

**Course Selection**

**Course Title**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Course Number\***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cost**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If applicable

**Student Signature**

\_\_\_\_\_

**Parent Signature**

\_\_\_\_\_  
\*BOTH SIGNATURES REQUIRED FOR REGISTRATION

**MONEY ORDERS ONLY**

Payable to Canon-McMillan School District  
(Print phone number and student's name on the money order)

**Mail To:**

**Canonsburg Middle School  
Summer School and Health Program  
25 E. College St  
Canonsburg, PA 15317**