



MAINE TOWNSHIP HIGH SCHOOL WEST

1755 S. Wolf Road, Des Plaines, Illinois 60018-1994 847-827-6176 Fax: 847-296-4916

Dr. Audrey J. Haugan
Principal

Mr. David J. Matkovic
Associate Principal

Mr. Ben Collins
Assistant Principal for Teaching and Learning

Mr. John Aldworth
Assistant Principal for Students

Dr. Claudia Rueda-Alvarez
Assistant Principal for Student Services

Summer School 2017

Please fill out form completely. Mail or drop off along with credit card information, check or cash to:
Maine West High School • Attn: Summer School • 1755 S. Wolf Road • Des Plaines, IL 60018

Student Info – Please fill out completely and legibly

STUDENT LAST NAME: _____ FIRST NAME: _____

STUDENT ID#: _____ BIRTHDATE: _____ COUNSELOR: _____

YEAR IN SCHOOL FOR 2017/18: FRESHMAN SOPHOMORE JUNIOR SENIOR

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

PARENT/GUARDIAN CONTACT PHONE NUMBER: _____

SCHOOL STUDENT ATTENDS: MAINE WEST MAINE SOUTH MAINE EAST

Check if Non-District 207 student and fill in the additional information below about the high school student is currently attending

NAME & ADDRESS of HIGH SCHOOL: _____

Class Registration Info – Please fill out completely and legibly

When registering for Oral Communications & Consumer Education, please make sure that you do not pick conflicting dates and times. Although we will do our best to accommodate your request, please note that class sizes are limited and are filled on a first come, first served order.

Course Number	Description	Semester	Time	Cost
		<input type="checkbox"/> S1 <input type="checkbox"/> S2	<input type="checkbox"/> 7:45-1:00 <input type="checkbox"/> 7:45-10:15 <input type="checkbox"/> 10:30-1:00	
		<input type="checkbox"/> S1 <input type="checkbox"/> S2	<input type="checkbox"/> 7:45-1:00 <input type="checkbox"/> 7:45-10:15 <input type="checkbox"/> 10:30-1:00	
			Total Amount Due	\$

Payment Info – Please fill out completely and legibly

I have attached a check or money order payable to **Maine West High School.** Check #: _____

Cash Credit Card (please check one): Mastercard Visa

Credit Card Number: - - -

Expiration Date: / 3-digit CSV Code (back of card)



Cardholder Signature: _____

Print Name as it appears on credit card: _____