

JOLIET TOWNSHIP HIGH SCHOOL DISTRICT 204
2009 SUMMER SCHOOL COURSE SCHEDULE – SUBJECT TO REVISION

✓	COURSE	SEMESTER	DATE	CAMPUS	TUITION	FEES
ENGLISH						
	English 1	1	6/8-6/25	W	\$140	\$10
	English 1	2	7/6-7/23	W	\$140	\$10
	English 2	1	6/8-6/25	W	\$140	\$10
	English 2	2	7/6-7/23	W	\$140	\$10
	English 3	1	6/8-6/25	W	\$140	\$10
	English 3	2	7/6-7/23	W	\$140	\$10
	English 4	1	6/8-6/25	W	\$140	\$10
	English 4	2	7/6-7/23	W	\$140	\$10

MATHEMATICS						
	Algebra 1	1	6/8-6/25	W	\$140	\$10
	Algebra 1	2	7/6-7/23	W	\$140	\$10
	Geometry	1	6/8-6/25	W	\$140	\$10
	Geometry	2	7/6-7/23	W	\$140	\$10
	Algebra 2	1	6/8-6/25	W	\$140	\$10
	Algebra 2	2	7/6-7/23	W	\$140	\$10

SCIENCE						
	Biology	1	6/8-6/25	W	\$140	\$10
	Biology	2	7/6-7/23	W	\$140	\$10
	Physics	1	6/8-6/25	W	\$140	\$10
	Physics	2	7/6-7/23	W	\$140	\$10
	Chemistry	1	6/8-6/25	W	\$140	\$10
	Chemistry	2	7/6-7/23	W	\$140	\$10

SOCIAL SCIENCE						
	American Citizenship	1	6/8-6/25	W	\$140	\$10
	American Citizenship	2	7/6-7/23	W	\$140	\$10
	U.S. History	1	6/8-6/25	W	\$140	\$10
	U.S. History	2	7/6-7/23	W	\$140	\$10

✓	COURSE	SEMESTER	DATE	CAMPUS		
ESL/BILINGUAL						
	English ESL Intermediate	1	6/8-6/25	C		
	English ESL Intermediate	2	7/6-7/23	C		
	Algebra 1 Bilingual	1	6/8-6/25	C		
	Algebra 1 Bilingual	2	7/6-7/23	C		

REGISTRATION PROCESS:

1. Counselor checks (✓) appropriate course(s).
2. Counselor signs this form.
3. Parent signs this form.
4. Student takes signed form and payment to Textbook Center.
5. **Student is NOT enrolled until Textbook Center receives completed form & payment.**

DEADLINES:
 Textbook Center must receive completed form and payment by:
April 3, 2009 for Session 1 Courses
June 17, 2009 for Session 2 Courses

REFUNDS:
Full refund for all courses prior to April 30, 2009.
Refund for Session 2 courses only prior to June 18, 2009.

FOR ALL COURSES:

Location: C = Central Campus (201 E. Jefferson Street) W = West Campus (401 N. Larkin Avenue)	Times: 7:45 a.m. – 12:55 p.m.
Phones: Central Guidance Office (815) 727-6730 West Guidance Office (815) 727-6930	Days: M T W Th
	Course Length: 3 Weeks

2009 SUMMER SCHOOL PRE-ENROLLMENT FORM
(This form must be signed by counselor and parent and returned to Textbook Center with all tuition and fees.)

Student Name _____ JTHS Student ID # _____

Counselor Signature _____ Date Paid: _____ Amount: _____

Parent Signature _____

Additional Student Information required for Non-JTHS Students only
(All non-JTHS students must call 815-727-6800 to make an appointment to register.)

Print Parent Name _____ Address _____

Phone _____ Date of Birth _____ Issue Credit to _____