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STUDENTS MAY ENROLL ANY TIME

PRE-REGISTRATION - PLEASE CHECK ALL THAT APPLY

- Fall 2010** Sept 8th – Jan 28th New Student Continuing Student Returning Student
- Spring 2011** Jan 31st – June 3rd Full-time Part-time (enrolled at other high school during school year)
- Summer 2011** June 20th – Aug 26th

PLEASE RETURN THIS FORM if you plan to attend Halstrom High School in the coming school year. Without a Pre-Registration form, we cannot guarantee space availability.

Students may complete pre-registration for the 2010 - 2011 school year. The only financial obligation for pre-registration is the \$150 **non-refundable** registration fee. Your commitment gives us an opportunity to plan instructor contracts and order instructional materials.

Schedule priority will be given in the order pre-registration forms and fees are received.

Student Name _____ Age _____ Birthdate ____/____/____
 Present Grade Level _____ Current High School _____
 Parent's/Guardian's Name(s) _____

Billing Address _____
 _____ City _____ State _____ Zip _____

Phone: (____) _____ - _____ (____) _____ - _____
 Home Number Work Number (circle Mother's Father's)

TUITION AND FEES FOR 2010-2011:

- \$150 Registration Same for 1 or 2 semesters (**non-refundable**)
- \$250 Enrollment Full-time only (**non-refundable**)
- \$865* per course One semester 5-unit course

* *Tuition does not include textbooks. Textbook information will be provided at the time of enrollment.*

SCHOOL USE ONLY

Date Received ____/____/____
 Course Verification Rec'd ____
 Amount Paid \$ _____
 Initials _____

TUITION QUESTIONS: Students' programs and tuition vary since each student's program is personalized. Please call your director if you have questions regarding tuition and fees.

Enrollment Appointment – We will call and set an appointment to develop your course plan.

Part-Time students ONLY - Please indicate the title(s) of course(s) you would like to attend:

Course 1 _____ A B
 Course 2 _____ A B

Full-Time students ONLY: We will try to work with other scheduling priorities

Mon. am pm **Wed.** am pm **Fri.** am pm
Tues. am pm **Thu.** am pm

Work Schedule _____

Sports Schedule _____

REGISTRATION PAYMENT: Check \$ _____ # _____

Master Visa Discover

Credit Card No: [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] [] Exp. Date ____/____

Name on Credit Card: _____

 Parent Signature Date