



LA SALLE HIGH SCHOOL

3880 EAST SIERRA MADRE BOULEVARD PASADENA, CALIFORNIA 91107
TELEPHONE 626.351.8951 • FACSIMILE 626.351.0275 • WWW.LASALLEHS.ORG

**OFFICE
USE ONLY**

Method of Payment:
Cash Check
Check No. _____
Bank _____

2010 Summer Institute Application

Student Name

Last _____ First _____ M.I. _____ Grade (Fall '10) _____

Date of Birth _____ Social Security Number _____ Age _____ Sex _____

Student Address _____ City _____ State _____ Zip _____

Home Phone Number _____

Student Lives with: Both Parents Mother Father Mother & Stepfather Father & Stepmother Guardian Other

Mother's/Guardian's Name

Last _____ First _____ Phone _____ e-mail _____

Home Address (If Different from Student's) _____ City _____ State _____ Zip _____

Occupation _____ Employer _____ Work Phone _____ Cell _____

Work Address _____ City _____ State _____ Zip _____

Father's/Guardian's Name

Last _____ First _____ Phone _____ e-mail _____

Home Address (If Different from Student's) _____ City _____ State _____ Zip _____

Occupation _____ Employer _____ Work Phone _____ Cell _____

Work Address _____

IN CASE OF EMERGENCY, AND THE PARENTS OR GUARDIANS CANNOT BE REACHED, PLEASE CONTACT:

Name _____ Daytime Phone or Cell _____ or _____

Name _____ Daytime Phone or Cell _____

PLEASE COMPLETE THE FOLLOWING:

Current School Student Attending _____

Address _____ City _____ State _____ Zip _____

Check here if academic grades should be forwarded to the school listed above.

Please calculate the total fees due from the reverse side of this form and enter that total here: \$



LA SALLE HIGH SCHOOL

2010 Summer Institute Application Course Selection

Student Name Last

First

Middle Initial

COURSE NUMBER	COURSE TITLE	FEE

Send application and payment to:

La Salle Summer Academic Institute
3880 East Sierra Madre Boulevard
Pasadena, California 91107

Course and Camp

Registration Fee

Total

\$ 25.00
\$

(Please make all checks payable to La Salle High School.)

Signature of
Parent or Guardian

Date