

## 2019 Summer School Enrollment

May 30 - June 28

**Transportation Cannot be Guaranteed the First Two Days if Enrollment Forms Received After May 24, 2019**

Student's Legal Name: \_\_\_\_\_

Last

First

Middle

Student's Birthdate: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Home Address: \_\_\_\_\_

House #/Street

City

State

Zip

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

List Two (2) Emergency Contacts Other than Parent(s):

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### Student Health Information

Does your child have:

Seasonal Allergies \_\_\_ Food Allergies \_\_\_ Medication Allergies \_\_\_ Asthma \_\_\_

Seizure Disorder \_\_\_ Heart Condition \_\_\_ Diabetes \_\_\_ ADHD \_\_\_

High Blood Pressure \_\_\_ Hearing Impaired \_\_\_ Vision Impaired \_\_\_ Other \_\_\_

If so, please explain condition and treatment for each:

\_\_\_\_\_  
\_\_\_\_\_

Will your child have an Epi-Pen at School? Yes \_\_\_ No \_\_\_ Will your child have an inhaler at school? Yes \_\_\_ No \_\_\_

I give the school personnel authorization to administer Tylenol to my child: Yes \_\_\_ No \_\_\_

I give the school personnel authorization to administer Ibuprofen to my child: Yes \_\_\_ No \_\_\_

I give the school personnel authorization to administer Tums to my child: Yes \_\_\_ No \_\_\_

Please list all medications your child is currently taking:

Medication	Dosage	Administer at School	
_____	_____	Yes ___	No ___
_____	_____	Yes ___	No ___
_____	_____	Yes ___	No ___

*It is preferred that medications be given at home whenever possible. If a medication must be administered at school, they must be brought immediately to and kept in the nurse's office. Prescription medication must be in the original container with a current prescription label. All over the counter medication must be in the original bottle/box and only manufacturer's instructions will be followed. Please complete a medication authorization form for any medications being sent to school for administration.*

**All pre-kindergarten student's must provide up-to-date shot records in order to attend Summer School.**

In case of an accident or serious illness, I request school personnel to contact me or the emergency contacts above. If unable to reach me or contacts listed above, I authorize the school to make arrangements as necessary to care for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2019 Summer School

## Grades 9-12 Course Offerings

### Elective Courses

#### Morning Session

Health \_\_  
Driver's Ed \_\_ (NO CREDIT COURSE)  
Physical Education \_\_  
ACT Prep \_\_  
A+ Tutoring \_\_ (NO CREDIT COURSE)  
Personal Finance \_\_  
Computer Applications \_\_  
Freshman 101 \_\_  
History & Modern Fiction \_\_  
Video Game Design \_\_  
Literacy \_\_  
Weights & Conditioning \_\_ (NO CREDIT COURSE)

#### Afternoon Session

Health \_\_  
Driver's Ed \_\_ (NO CREDIT COURSE)  
Physical Education \_\_  
ACT Prep \_\_  
A+ Tutoring \_\_ (NO CREDIT COURSE)  
Personal Finance \_\_  
Computer Applications \_\_  
Freshman 101 \_\_  
Social Studies of Sports \_\_  
Video Game Design \_\_  
Literacy \_\_

### ONLINE

Personal Finance \_\_

### Credit Recovery

#### Morning Session

ELA I	S1__	S2__
ELA II	S1__	S2__
ELA III	S1__	S2__
ELA IV	S1__	S2__
US Government	S1__	S2__
World History	S1__	S2__
US History	S1__	S2__
Algebra I	S1__	S2__
Algebra II	S1__	S2__
Geometry	S1__	S2__
Physical Science	S1__	S2__
Biology	S1__	S2__

#### Afternoon Session

ELA I	S1__	S2__
ELA II	S1__	S2__
ELA III	S1__	S2__
ELA IV	S1__	S2__
US Government	S1__	S2__
World History	S1__	S2__
US History	S1__	S2__
Algebra I	S1__	S2__
Algebra II	S1__	S2__
Geometry	S1__	S2__
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Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

How will student get to/from summer school?

Walk \_\_\_ Personal Transportation/Parent Drop Off and Pick Up \_\_\_ Ride Bus \_\_\_ (If Bus, Continue)

### Bus Transport Students ONLY:

To School From:

Home \_\_\_

Day Care \_\_\_ Name of Day Care \_\_\_\_\_ Phone \_\_\_\_\_

Babysitter \_\_\_ Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Relative \_\_\_ Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_ Explain \_\_\_\_\_

Leaving School To:

Home \_\_\_

Day Care \_\_\_ Name of Day Care \_\_\_\_\_ Phone \_\_\_\_\_

Babysitter \_\_\_ Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Relative \_\_\_ Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_ Explain \_\_\_\_\_

Same schedule everyday? Yes \_\_\_ No \_\_\_ If No, contact the transportation department 636-937-5716

