**Summer School Registration Form 2016**

**Dates:** Tuesday, June 7- Wednesday, July 13

>Weekly schedule: Monday – Thursday from 7:30am-12:30pm

>No summer school July 4- 8

**Cost:** $50, due on June 7 with this completed form

>Checks payable to *LC Board of Education*. No refunds.

>Fees are no barrier to summer school programs. Call Casey Reed at the

Board of Education to discuss assistance / hardship appeals 905-2400.

School: **Lawrence County High School**

Student Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade (2015-2016): \_\_\_\_\_

Student Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any existing medical conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Summer School \_\_\_\_\_ Credit Recovery \_\_\_\_\_ Failure Due to Absences \_\_\_\_\_ Course Advancement

Courses needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*BRING YOUR REPORT CARD FOR VERIFICATION

**\*\* I have read and understand all guidelines for summer programs \*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Authorization for Medical Care/Summer Program Agreement**

I hereby authorize Lawrence County Schools, its faculty and staff to take whatever deems necessary for the health and welfare of the student submitting this registration. This authorizes the school to admit the student to any hospital selected by the attending doctor. In the event of an accident/emergency, the student may be taken to the nearest doctor and/or hospital for treatment and care. I will be responsible for any bills incurred in this care and treatment.

I do agree to adhere to the policies/ procedures outlined in the summer program guidelines and I also agree that my child’s photo may be used in school publications or on the school website without further considerations.

Parent/ Legal Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_

\* Special Medical Needs should be reported to system nurse @ 256-905-2400

**Student-Parent-School Expectations Summer Programs 2016**

**Student:**

Students will be expected to give their best effort for achievement in the learning process during summer programs. Students treat others with respect and equality, and behave in a manner that exemplifies young women and young men. Students will be punctual, arriving ready to learn.

**Parent:**

Parents will ensure that students are making every effort to complete their learning objective during the summer program. Parents will ensure that students who need transportation will be punctual and have good attendance. Parents will also communicate with the facilitator for any concerns in regards to their student’s achievement during summer programs. Parents are the key to student success.

**School:**

The school will provide a safe, collegial, and orderly environment for students to participate in the summer program. We will also provide a certified teacher to facilitate learning for student success. We will be open for communication and help with any summer program concerns.

**Courses:**

Summer school courses will be available in all four cores (English, Math, Science, Social Studies/ History) and Health. Instruction is provided through the APEX online learning program. Students will be given their personal log-in codes and instructions on the first day of summer school, and will have the option to work on their lessons from home throughout the course of summer school (with the exception of Failure Due to Absence—see below). However, quizzes and tests are password-locked and must be taken at LCHS. The courses are self-paced, so students may complete their course before July 13. We encourage students to utilize the computer lab summer school hours to complete their courses, as it will provide them with a structured and supportive environment in which to regain their credits successfully.

All school discipline guidelines are in existence for all summer programs. Any questions should be referred to the Lawrence County Schools Code of Conduct. There is no attendance policy for summer programs; however attendance is paramount for student completion and success. Please note, anyone attending summer programs due to failure because of absences will be required to attend all session offerings. Failures due to absence (FDA) students are allowed two unexcused absences; not to exceed four total absences for entirety of summer. Exceeding two unexcused absences and/or four total absences will result in no credit due to attendance for FDA students. \*\*Any student who is dismissed for any reason will receive no reimbursement for any fees\*\*