

## 2016-17 Middletown Cooperative Summer School

Registration: Registration will take place on **June 28<sup>th</sup> and 29<sup>th</sup> from 8-12.**

Class Dates: Classes begin **July 5<sup>th</sup> and end on July 28<sup>th</sup>.**

Time Schedule:      Period 1                      7:30 – 9:00 A.M.  
                                 Period 2                      9:05 – 10:35 A.M.  
                                 Period 3                      10:40 – 12:10 P.M.

Location:                Middletown High School  
                                 200 LaRosa Lane  
                                 (across the street from Middletown Toyota)

*Each class is worth 1 credit. These are the probable course offerings (contingent upon enrollment figures):*

<b>English:</b>	English 9	English 10	English 11/12
<b>Math:</b>	Algebra I	Geometry	Algebra II
<b>Science:</b>	Science 9	Biology	
<b>History:</b>	World History	US History	
<b>Physical Education:</b>	PE elective		

Important attendance information: Credit will not be recommended for students with more than two absences. In addition, three times tardy to class will equal one absence and any tardy beyond ten minutes will also count as an absence.

Registration and Tuition Fee: Full payment of tuition is required at the time of registration and is not refundable after the first class meeting. We accept cash or checks. Checks are payable to the **City of Middletown. The total is due at registration. The name of the student must be included on the check.**

	<u>Middletown Resident</u>	<u>Out of Town</u>
1 course.....	\$150.00	\$200.00
2 courses.....	\$250.00	\$300.00
3 courses.....	\$310.00	\$370.00

# 2016-17 Middletown Cooperative Summer School Registration Form

Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

School attended in 2015/16: \_\_\_\_\_  
School name and address where grades are to be sent:  
\_\_\_\_\_  
\_\_\_\_\_

Mother's name: \_\_\_\_\_  
Best number to reach Mom: \_\_\_\_\_  
Alternate number for Mom: \_\_\_\_\_  
Father's name: \_\_\_\_\_  
Best number to reach Dad: \_\_\_\_\_

Student resides with:  
\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both  
\_\_\_\_\_ Other: \_\_\_\_\_

Course(s) requested (maximum of three):  
  
Course 1 \_\_\_\_\_  
Course 2 \_\_\_\_\_  
Course 3 \_\_\_\_\_

### Office Use Only

Period One: \_\_\_\_\_  
Period Two: \_\_\_\_\_  
Period Three: \_\_\_\_\_

\_\_\_\_\_ Cash \_\_\_\_\_ Check Number: \_\_\_\_\_

W/D \_\_\_\_\_ Refund: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Agreement

I agree to abide by all the rules and policies of the Cooperative Summer School. I understand that violation of these rules, including the attendance policy, may result in immediate dismissal from the program. I understand that all textbooks and materials must be returned at the end of the course(s), or my grade will not be submitted to the sending school.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Parent/Guardian Agreement

In the event an illness or an injury during the school day requires medical attention and I cannot be reached promptly by phone, I authorize the Summer School Director or his designee in his absence, to summon medical help. I further authorize the Director to arrange for transportation of my child to a hospital where medical aid can be given, if in her judgment such transportation is necessary.

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

Date: \_\_\_\_\_

### Guidance Counselor Approval (Non-Middletown students only)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_