

Summer OGT Intervention and Testing Information

Location: Central Crossing High School
4500 Big Run South Road, Grove City, Ohio

Intervention: June 5, 2017 – June 16, 2017
Monday – Friday, 8:00 a.m. – 12:00 p.m.

Test Dates: June 19, 2017 – June 23, 2017
Monday – Friday, 8:00 a.m. – 12:00 p.m.

Test Makeup Date: Saturday, June 24, 2017
8:00 a.m. – 12:00 p.m.

OGT Courses:

Course #	Course Name	Fee
1535	Reading	See below
1536	Math	See below
1537	Writing	See below
1538	Science	See below
1539	Social Studies	See below

OGT Registration Fees:

1 course*	\$175.00
2+ courses*	\$225.00

*Current seniors who have completed all other graduation requirements except OGT will **not** be charged a fee for intervention.

10 hours minimum intervention per subject area is required to take the OGT during summer administration.

Up to four subject interventions can be taken during the summer due to minimum intervention requirements of 10 hours per subject area.

Each portion of the OGT test is given on designated days of the week in a required order. You **must** be present to test on the designated day the test is given or test on the makeup day, which is Saturday, June 24, 2017.

FOR COUNSELORS AND OFFICE STAFF ONLY:

____ Student has an active IEP/504 Plan and a current copy is attached.

Special notes/circumstances: _____

Approved by: _____
Signature of Counselor

Pay In #: _____

2017 - Summer OGT Intervention and Testing Registration

Complete all the information on this page and then return to the school counselor along with payment.

Student Information

_____	Student ID Number
_____	Grade
_____	High School Name
_____	Student's Full Name – please write legibly
_____	City/State/ZIP
_____	Home Address
_____	Birthdate

In Case of Emergency – Please List: Home Phone, Cell Phone, and/or Work Phone Numbers

Parent/Guardian's Name Emergency Contact Person

Student lives with: Both parents ____ Father ____ Mother ____ Guardian ____ Other ____

Student Medical Information

Please list below or on a separate page facts concerning the student's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

Requested Course Information

Please indicate the OGT subject areas from the list on the left. You will be scheduled into the subject areas listed below but not necessarily in the order listed. If you are a sophomore, junior, or senior, you must complete 10 hours of intervention in each subject area to take the test in that subject. It is your responsibility to inform your teacher or the summer school supervisor, on the first day of classes, if you are placed in a wrong class. **Classes may not be scheduled in the order in which you have them listed here.**

Subject Area: _____ Subject Area: _____
Course # - Course Name Course # - Course Name

Subject Area: _____ Subject Area: _____
Course # - Course Name Course # - Course Name

Method of Payment: (check all that apply)

Cash - total paid: _____

Check - total paid: _____ Check #: _____

Money Order - total paid: _____ MO #: _____

Credit Card: _____ Fees can be paid on the Parent Portal **after** the fee has been added to the student's record by the school. Contact the school with any questions. **NO CHECKS AFTER JUNE 1.**

Fee Amount Due:

\$ _____

Emergency Consent (Part I or Part II must be completed.)

Part I – To Grant Consent

In the event reasonable attempts to contact me at the above contact phone numbers; or the other parent _____ (name) at _____ (phone number) have been unsuccessful, I hereby give my consent for (1) The administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before the surgery is performed.

Signature of parent/guardian: _____ Date: _____

Part II – Refusal to Consent (Do NOT complete this section IF you completed Part I above.)

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Signature of parent/guardian: _____ Date: _____



South-Western City School District Summer OGT Intervention and Testing 2016-2017

General Information and Registration:



Students must present a State-issued picture ID for intervention and OGT testing, such as a driver's license.

School Location:

Central Crossing High School
4500 Big Run South Road
Grove City, OH 43123

Registration Form and Payment Should Be Turned in at School, or You Can Mail or Deliver to this Address:

SWCSD – Summer OGT Registration
4750 Big Run South Road - Room 200
Grove City, OH 43123

OGT Intervention and Testing Dates and Times:

OGT Intervention: June 5, 2016 through June 16, 2017
OGT Testing: June 19, 2017 through June 23, 2017
OGT Test Make-up Date: Saturday, June 24, 2017
Students can take up to four interventions.

Registration Requirements:

1. Complete registration and course information on the other side.
2. Include full payment, if required (check, cash, or money order)
3. Complete the emergency medical/consent information
4. Sign the summer school permission and conditions section

Transportation:

Transportation to the school (CCHS) is the responsibility of the parent and student. Students are not to arrive prior to 7:50 a.m. and they must leave the site immediately following scheduled classes.

*Fees – Current seniors who have completed all other graduation requirements except for OGT will **not** be charged a fee for intervention.

**Credit card payments can be made on the Parent Portal after the fee has been entered in the student's record. Please contact the school if you have any questions.

Fees*

Payment is due at time of registration. Fees may be paid by check, cash, money order or credit card**. **Don't forget to ask for a receipt, this will be your proof of payment. NO CHECKS AFTER JUNE 1.**

1 OGT course:	\$175.00
2+ OGT courses:	\$225.00

Please Make Checks Payable To: *South-Western City School District*
Write your student's name in the note section of the check.

Fee Waiver Notice:

OGT Summer Administration is an optional program, therefore there are no fee waivers.

Returned Checks or Denied Charges:

Returned payments due to insufficient funds or denied charges, will be charged a return-payment fee. Then, you will be required to pay the summer school fee plus the return-payment fee in cash at the DSC office. The fees must be paid-in-full and other requirements met before the student will receive credit for the intervention and scores.

We do not send out confirmation notices. If you register, you should arrive at the school (CCHS) at 7:50 a.m. each day beginning Monday, June 5, 2017. If there is a question regarding your application, or if there is a problem with class enrollment, we will contact you at the number provided on the registration form.

Summer OGT Intervention and Testing Agreement

I understand the behavior code of conduct remains the same for the summer OGT intervention and testing session as during the regular school year. The first offense will result in a warning to the parent. The second offense may result in dismissal from the program. A very serious first offense will result in dismissal from the program. Dismissal will result in total loss of any fees paid.

I also understand completed emergency medical information and registration fees must accompany this registration for my child to be accepted into the summer OGT intervention and testing session.

I have read this information and agree to the conditions specified. I understand my student must attend the required number of intervention hours for each subject area to be admitted for testing. No refunds will be granted due to attendance issues or dismissal from the program due to behavioral problems. Refund processing takes 4-10 weeks. Students participating in OGT intervention and testing must comply with the testing rules and schedule set by the Ohio Department of Education. **Students must present a State-issued picture ID for intervention and OGT testing, such as a driver's license.**

Parent Signature _____ Contact Phone Number _____ Date _____