

**Summer School P.E.
From Middle School**

Location: Central Crossing High School

Dates: June 12, 2017 – June 30, 2017

Time: 8:00 a.m. – 12:30 p.m.
Monday – Friday

High School Physical Education (0413)*

Registration Fee: \$175.00 (SWCS resident)
 \$350.00 (Non-resident)**

Payment is due upon registration for summer school. Please keep in mind this course can be taken at no cost during the school year when included in the student's schedule.

Payment Type:

Cash – total paid: _____

Check - total paid: _____

Check number: _____

Money Order (MO) – 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 questions.

You will be given a receipt upon payment. **Please keep the receipt** in a safe place for future use; this is your proof of payment.

**This course is available to eighth grade students going into high school in the fall of 2017.*

***Non-resident students must pay the fee (\$350) and complete the out-of-district summer school form to provide their school name, school address, school counselor's name, and a telephone number where the final grade should be sent. If this information is not included with the registration, the school will need to contact SWCDS-Summer School to request the information.*

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 #: _____
(For activity clerk's records only)

2016-17 – Summer Physical Education Registration - MS

(For current eighth grade students going into high school this fall.)

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

Student Information

Student ID Number

8

From - Middle School Name **To** - High School Name Grade

Student's Full Name – *please write legibly* Birthday

Home Address City/State/ZIP

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

Parent/Guardian's Name **Name of Emergency Contact Person**

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

Physical Education – 0413 (Location: Central Crossing High School) **\$175 resident**

This course is a graduation requirement. Students will receive .25 credits for completing this summer school session of physical education. Students must attend **and** participate in **15** full sessions, pay the summer school fee of \$175 (resident) or \$350 (non-resident), and receive a passing grade to receive high school credit.

This course is available to current eighth grade students going into high school in the fall of 2017 and current high school students.

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.

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 School Program

2016-2017



General Information and Registration:

Summer School Location:

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

Registrations Submitted after Friday, June 3, 2016, Must be Delivered to:

SWCA – Attn: Summer School Registration
4750 Big Run South Road, Room 200
Grove City, OH 43123

Summer School Dates and Times:

Please refer to the other side for dates and times of summer school classes.

Registration Requirements:

1. Complete the student, emergency, and permission information on the other side
2. Pay the summer school fee
3. Attend all 15 days of summer school and pass the class

Transportation to summer school is the responsibility of the parents and students. Students are not to arrive prior to 7:50 a.m. and they must leave the site immediately following scheduled classes. Please plan to drop-off and pick-up your child on time.

* Out-of-district students must also complete and attach the out-of-district form.

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, 2017.**

Summer P.E. Course Fees	}	\$175 (SWCS resident)
		\$350* (Non-resident)

Summer school is an optional, self-supporting program.

No fee waivers are available.

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

Returned Checks or Denied Charges

Returned payments due to insufficient funds or denied charges will be charged a return-payment fee. If this occurs, you will be required to pay the summer school fee plus the return-payment fee, in cash at the SWCA office. All fees must be paid in full before credit is given for the course.

We Do Not Send Out Confirmation Notices

When you register you should arrive at summer school at 7:50 a.m. each day beginning Monday, June 12, 2017. If there is a question regarding your application or a problem with class enrollment, we will contact you at the number you provided on this form.

Summer School Permission and Conditions

I, the parent, understand the behavior code of conduct remains the same for the summer school program as during the regular school year. A first offense will result in a warning to the parent, with a second offense resulting in dismissal from the program. A very serious first offense will result in dismissal from the program. There will be no refund given for a dismissal from the program.

I, the parent, understand the emergency medical information (on the other side) and the entire fee must accompany this registration for my child to be accepted into the summer school program. I have been informed that attendance will be taken daily during summer school and the student is required to attend and participate all 15 days.

I, the parent, understand I am responsible for providing transportation for my student to Central Crossing High School each day. I understand students are not permitted to arrive on-site prior to 7:50 a.m. and they must leave the site immediately following their scheduled class. I also understand if my student is taking physical education in summer school, they are required to attend all 15 full classes, including participation in the class, pay the fee in full, and pass the class to receive one-quarter (.25) credit for the course.

I, the parent, have read the summer school information and agree to the conditions specified. I understand it is my responsibility to save my receipt and/or cancelled check as proof of payment. I also understand no refunds will be granted after the student has attended two days of summer school. Refunds will not be given for attendance issues or dismissal from the program due to behavioral problems. I understand if a refund is requested, it takes 4-10 weeks to process due to end-of-year processing in our accounting department. Checks must clear the bank before a refund can be issued.

Parent Signature _____ **Contact Phone Number** _____ **Date** _____