

## Summer School Schedule

Location: Central Crossing High School  
 June 11, 2018 – June 29, 2018  
 Monday – Friday 8:00 a.m. – 12:30 pm

## Summer School Course List

### Health and Physical Education (P.E.)

Course #	Course Name	Credit
0413	Physical Education	.25
0431	Health	.50

### English\*

Course #	Course Name	Credit
0711	English I	1.0
0721	English II	1.0
0730	English III	1.0
0740	English IV	1.0

### Foreign Language\*

Course #	Course Name	Credit
0951	Spanish I	1.0
0952	Spanish II	1.0

### Math\*

Course #	Course Name	Credit
1022	Algebra I	1.0
1032	Geometry	1.0
1040	Transitions to Algebra II	1.0
1045	Algebra II	1.0

### Science\*

Course #	Course Name	Credit
1211	Physical Science	1.0
1221	Biology	1.0
1255	Physical Geology	1.0

### Social Studies\*

Course #	Course Name	Credit
1311	Modern World History	1.0
1334	American History	1.0
1342	American Government	.50

### Registration Fees:

Resident Fee (SWCSD):	\$175.00
Non-Resident Fee:	\$350.00

\*Classes may be combined to meet minimum enrollment.

### FOR COUNSELORS AND OFFICE STAFF ONLY:

Is summer school attendance required for promotion?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why? Academic \_\_\_\_\_ Attendance \_\_\_\_\_

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

Special notes/circumstances \_\_\_\_\_

Approved by: \_\_\_\_\_  
 Signature of Counselor

Pay In #: \_\_\_\_\_

## Summer 2018 – High School Summer School Registration

Complete this form and attach full payment. Cash or credit card only after June 1, 2018. See other side for submission details.

### Student Information

Student ID Number \_\_\_\_\_

School Name \_\_\_\_\_

Grade \_\_\_\_\_

Student's Full Name – please write legibly \_\_\_\_\_

Birthdate \_\_\_\_\_

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

City/State/ZIP \_\_\_\_\_

### 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

Students can only take **one** (1) course in summer school. Please indicate your first and second course choices from the list on the left. In the event the first choice is not available, you may be placed in the second choice, if it is available. **If you only need one course, please list only that course.** If you are placed in the wrong class, inform the summer school supervisor immediately so that you can be properly placed!

1<sup>st</sup> Choice: \_\_\_\_\_

Course #

Course Name

2<sup>nd</sup> Choice: \_\_\_\_\_

Course #

Course Name

### Method of Payment: (check all that apply)

Cash – total paid: \_\_\_\_\_ **No checks** after June 1, 2018.

Check - total paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Money Order – total paid: \_\_\_\_\_ MO #: \_\_\_\_\_

**Credit Card:** \_\_\_\_\_ Fees can be paid with a credit card on the Parent Portal **after** the fee has been added to the student's record by the school. Contact the school with any questions.

**Fees Due:**  
**\$ 175.00 resident**

### Emergency Consent (Part I or Part II must be completed – not both!)

#### 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

### Summer 2018

#### General Information and Registration

**Summer School Location:**

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

**Registrations Submitted After Monday, June 4, 2017, Should Be Delivered, Along with Full Payment to:**

SWCA – Summer School Registration      **No checks** after June 1.  
4750 Big Run South Road  
Grove City, OH 43123

**Summer School Date and Time:**

June 11, 2018 through June 29, 2018  
Sessions are held Monday – Friday from 8:00 a.m. to 12:30 pm  
Students must ***attend 15 full sessions, pass the class, and pay the fee to receive credit. Daily attendance is required.***

**Registration Requirements:**

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

**Transportation:**

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

**Fees:**

Payment is due at time of registration. Fees may be paid with cash, check, money order, or credit card\*. *Don't forget to ask for a receipt if paying with cash; this will be your only proof of payment.*

Resident Fee (SWCSD): \$175.00  
Non-Resident Fee: \$350.00

**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:**

Summer school is an optional self-supporting 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. You will then be required to pay the summer school fee, plus the return-payment fee, in cash at the SWCA office. The fees must be paid-in-full and other requirements met before the student will receive credit for the summer school course.

**We do not send out confirmation notices.** If you register, you should arrive at summer school at 7:50 a.m. each day beginning Monday, June 11, 2018. If there is a question regarding your application, or a problem with class enrollment, we will contact you at the number you provided on the registration form.

\*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.

#### Summer School Permission and Conditions

I understand the behavior code of conduct remains the same for the summer school program as during the regular school year. The first offense will result in a warning to the parent; however, a very serious first offense will result in dismissal from the program. A second offense may result in dismissal from the program. A dismissal will result in total loss of summer school fees.

I understand the student information and emergency medical information (on the other side) along with the entire registration fee must accompany this registration for my child to be accepted into the summer school program. I have been informed attendance will be taken daily during summer school and the student is required to be on time and attend 15 full classes, pay summer school fee, participate in class daily, and receive a passing grade to receive credit.

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 students must leave the site immediately following their scheduled class at approximately 12:30 pm. Supervision of students is not available prior to and after summer school.

I 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 (2) 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 could take 4-10 weeks to process due to end-of-year processing in our accounting department. Payments must clear the bank before a refund can be processed and issued.

Parent Signature \_\_\_\_\_ Contact Phone Number \_\_\_\_\_ Date \_\_\_\_\_