



South-Western City School District

Out-of-District Student Registration for Summer School Summer 2018

Form 2 – Attach this completed form to the regular Summer School Registration form.

Out-of-District Student Information

Attach this form to the completed summer school application

Student's Full Name _____ Grade during 2017-2018 _____ Birthday _____

Student's Home Address _____ City _____ State _____ ZIP Code _____

Parent's Full Name _____

Home Telephone Number and/or Cell Phone Number _____

Please mail the final summer school grade to the following school:

"Home" School District _____ "Home" School Name _____

School's Street Address _____ City _____ State _____ ZIP Code _____

Counselor's Name _____

School's Telephone Number _____

SWCSD Summer School Agreement

I understand the SWCSD 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 summer school program. Any dismissal from summer school will result in total loss of summer school fees.

I understand the emergency medical information must be completed and the registration fees accompany this registration for my child to be accepted into the summer school program at South-Western City School District. I have been informed attendance will be taken daily during summer school. The student is required to attend **15 full classes**, pay the summer school fee, participate daily in class, and receive a passing grade to receive high school credit for the summer school class. Students who do not attend 15 full classes **will not receive credit or a refund of fees**.

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.

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 refund will be granted after the student has attended the first 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.

The summer school fee for an out-of-district student is \$350. This amount must accompany this application. If a check is returned due to insufficient funds, you will be charged a return-check fee. You will then be required to pay the summer school fee in cash plus the return-check fee in cash at the SWCA, Room 200, 4750 Big Run South Road, Grove City, Ohio 43123. The summer school fee must be paid-in-full and other class requirements met before the student's grade will be mailed to the "home" school. Grades will be mailed approximately two weeks after summer school is over. It is the parent/student's responsibility to check with the student's home school to see if they will accept the credit/grade from SWCSD summer school.

Note: SWCSD Summer School only provides first-time credit for Health and Physical Education. All other courses are for credit recovery only.

Parent Signature _____ Contact Phone Number _____ Date _____