



Original Credit Registration Form

Aloha HS Summer School 2019

Course Information

Original credit courses are offered to all eligible students in the district. Students, including option school students, access their home high school first. If course not offered, they enroll in another comprehensive high schools within the district. **Aloha High School will be offering original credit in PE/Health**

Please note that this year due to building construction the Aloha Summer program will be housed at **Mountain View Middle School: 17500 SW Farmington Rd. Beaverton, OR 97007**

Dates: June 24th - July 25th (closed July 4th for a total of 19 days)

Summer Session Schedule:

Breakfast 8:00 - 8:25 am (optional)

Period 1: 8:30 – 10:20

Period 2: 10:30 – 12:20

Lunch: 12:30 - 1:00 pm (optional)

Cost: Original Credit is **\$350.00 per 0.5 credit**

Grading: Original credit will receive a letter grade

See **Adina Lepp** or **Michelle Riley** for financial assistance information.

If Student is withdrawn from the course prior to June 21, they will receive a \$50.00 refund. Withdrawn after June 21 there is no refund.

Attendance Policy

Unless otherwise indicated, academic classes are held **Monday - Thursday**. Classes will not be held July 4, 2019. **More than two absences** will lead to a loss of credit in a credit class.

There is **no fee refund** if a student is dropped because she/he accumulates more than 2 absences or 2 tardies.

Code of Conduct/Behavior

All students are expected to treat faculty, all staff, other students, and the physical property of BSD with respect. Students who fail to do so will be asked to leave the program without a refund.

Class Cancellations

Under-enrolled classes may be cancelled. Notification will be sent, if necessary.

Homework Policy

All students will have daily homework. The teacher assigns due dates to all assignments and students must turn in assignments on time.

To Register:

1. The parent/ guardian and student fill out their section of the application.
2. The student's school counselor fills out their part of this registration.
3. Registration form and payment mailed to: Aloha High School
Attn: Summer School
18550 SW Kinnaman Road
Beaverton, OR 97078

Please make checks out to **Aloha High School**.



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Student's Name (Last)	(First) (Middle Initial)	Student ID #	Home Phone #	Parent Work Phone #
Student's Mailing Address: _____				
City _____ State _____ Zip _____				
Parent Email Address: _____				
Student's Current Counselor/School		Graduating Class of	Date of Birth	
<p>No student may register without the permission of his/her HS counselor. **Attach student transcript to the registration form.</p> <p>Counselor Signature: _____</p> <p>Date: _____</p> <p>Transcript Attached: <input type="checkbox"/></p>		<p>Student Signature: _____</p> <p>Date: _____</p> <p>Parent Signature: _____</p> <p>Date: _____</p> <p>Note: If counselors and/or parents have any questions, we strongly advise an email to your students' counselor.</p>		
<p>Tri-Met passes are available to students. Please indicate below whether or not you plan to use Tri-Met passes or will provide transportation on your own. By marking "Yes" you give permission for your student to ride Tri-Met.</p> <p>____ Yes, my student will need a Tri-Met bus pass. Parent/Guardian Initials _____</p> <p>____ No, I have arranged alternative transportation for me student.</p>				
<p>Course Offered: Counselor Check box if student is approved to take original credit for PE.</p> <p style="text-align: center;">Original Credit <input type="checkbox"/> PE <input type="checkbox"/> HEALTH</p> <p style="text-align: center;">Original Credit is <u>\$350.00 per 0.5 credit</u></p> <p style="text-align: center;">_____ Student qualifies for free/reduced lunch</p>				
<p>This Space for Office Staff: _____</p> <p>Received by: _____ Date Fees Paid: _____ Amount Paid: _____ Check #: _____ Payment _____</p>				