

AASD High School Summer School Option 1 & 4 Registration Form

Guardian complete information in this box and return to student's counselor

Student Last Name (Print legibly) _____ First Name _____ Birthdate _____ / ____ / ____ Grade Next fall (Circle) 9 10 11 12 Graduate

Home Address (Street, City, Zip) _____ Phone _____ School Currently Attending _____

EMERGENCY CONTACT INFORMATION:

Parent/Guardian Name _____ Phone _____
 Additional Parent/Contact Name _____ Phone _____
 Other Contacts if Needed: Contact Name _____ Phone _____
 Social Worker or Case Manager (if applicable): _____ Phone _____

If receiving Special Ed services, area of special education is: _____ LD _____ ED _____ CD _____ OHI _____ 504
 According to WI Dept of Public Instruction, summer school classes are not tailored to implement a student's IEP.

Special Concerns/Medical Diagnoses: _____

Will your child have medications at summer school? Yes _____ No _____

If so, please provide the name of the medication(s): _____ Reason: _____

Time(s) medication is administered: Routine/Daily _____ As Needed _____ Emergency _____

(Please bring any medications to the site coordinator on the first day of summer school.)

--Please check all printed registration information with a parent and a school counselor to accurately record course selections and course numbers. The Summer School Program accepts no responsibility for incorrect course selection or incomplete registration information. Ensure that that the semester being registered for corresponds with the semester in which a grade of "D" or "F" was originally earned.

--Signed registration forms are to be returned to school counselors promptly to ensure availability of courses. Unless otherwise noted, the student has been accepted in the class(es) for which registration has been made. No confirmation notice will be sent.

--Please be reminded that Summer School is a privilege, not a right. Respect for self, others, and the facility, along with prompt daily attendance, good attitude, and classroom effort and progression can allow credit to be earned.

--All Appleton Area School District policies in place during the regular school year are in effect during Summer School. Failure to follow the rules and policies of the Appleton Area School District will result in dismissal from the summer school program.

--The Appleton Summer School Program attendance expectations align with the expectations and policy used by the AASD during the school year. All appointments should be scheduled for non-school hours. Summer school classes contain condensed coursework. For credit bearing courses offered during the summer, any absence will result in a student /guardian meeting with the attendance officer to address attendance barriers.

--All fees are to be paid the first day of class. Payments are non-refundable. Checks are payable to the Appleton Area School District. Students with fee waivers are exempt from summer school fees. Students who qualify for the free or reduced lunch program also can have the program and materials fees waived.

I have read and agree to the information on this form and hereby authorize summer school personnel to obtain emergency medical care for my child if deemed appropriate.

Parent/Guardian signature _____

Counselor complete information below and return to SUMMER SCHOOL COORDINATOR at East HS

Course #	Course Name	Location	Semester	Time	Dates	Credit	Cost
		East	1	7:45-11:15 am	June 9-27 (not 6/19)	.5	\$0
		East	2	11:45-3:15	June 9-27 (not 6/19)	.5	\$0
1670	Summer Shakespeare	North	1 & 2	9:00-12:00 pm	June 9-27, June 30-July 18 plus performances (not 6/19, 7/4-5)	1.0 or 0	\$20
AH202	EL Academics Student need bussing? Y or N	West		12:00-13:30 pm	June 9-27	.5	\$0
	CNA	As indicated on course offering, Register on this link or contact comerfordkrist@aasd.k12.wi.us				.5	Approx \$200
	Getting Ready for 9th	East		9:00-11:30 AM	To be determined	0	\$0
	Paint the City	East		8:00-4:00	August 4-15	.5	\$0

If an EL student, is bussing requested? Y N

Counselor name: _____ Signature _____

To Enroll: This form must be returned to the counselor or principal's office at the school where you presently attend. Counselor/Principal signature is required. If you are not an AASD student, have the school counselor/principal at your school sign for approval. Call 920-852-5332 or email kadolphkarrie@aasd.k12.wi.us if you have any questions.

AASD High School Summer School Option 2 & 3 Registration Form

Guardian complete information in this box and return to student's counselor

Student Last Name (Print legibly) _____ First Name _____ Birthdate _____ / ____ / ____ Grade Next fall (Circle) 9 10 11 12 Graduate

Home Address (Street, City, Zip) _____ Phone _____ School Currently Attending _____

EMERGENCY CONTACT INFORMATION:

Parent/Guardian Name _____ Phone _____

Additional Parent/Contact Name _____ Phone _____

Other Contacts if Needed: Contact Name _____ Phone _____

Social Worker or Case Manager (if applicable): _____ Phone _____

If receiving Special Ed services, area of special education is: _____ LD _____ ED _____ CD _____ OHI _____ 504
 According to WI Dept of Public Instruction, summer school classes are not tailored to implement a student's IEP.

Special Concerns/Medical Diagnoses: _____

Will your child have medications at summer school? Yes _____ No _____

If so, please provide the name of the medication(s): _____ Reason: _____

Time(s) medication is administered: Routine/Daily _____ As Needed _____ Emergency _____

(Please bring any medications to the site coordinator on the first day of summer school.)

-- Summer School Options 2 and 3 are primarily for some students who are credit deficient and have teacher recommendation to complete using these options. Students completing credits this way may see the class listed as Computer Based Instruction on their transcript and these courses may not be accepted by certain colleges as prerequisites. Students completing Option 3 cannot earn above a D-.

--Signed registration forms are to be returned to school counselors promptly to ensure availability of courses. Unless otherwise noted, the student has been accepted in the class(es) for which registration has been made. No confirmation notice will be sent.

--Please be reminded that Summer School is a privilege, not a right. Respect for self, others, and the facility, along with prompt daily attendance, good attitude, and classroom effort and progression can allow credit to be earned.

--All Appleton Area School District policies in place during the regular school year are in effect during Summer School. Failure to follow the rules and policies of the Appleton Area School District will result in dismissal from the summer school program.

--The Appleton Summer School Program attendance expectations align with the expectations and policy used by the AASD during the school year. All appointments should be scheduled for non-school hours. Summer school classes contain condensed coursework.

I have read and agree to the information on this form and hereby authorize summer school personnel to obtain emergency medical care for my child if deemed appropriate.

Parent/Guardian signature _____

Counselor complete information below and return to AT-RISK COORDINATOR for the respective school choice

Course Name <small>CIRCLE THE CHOICE</small>	Location <small>CIRCLE THE CHOICE</small>	Session	Time	Dates	NOTES:
Option 2 Option 3	East	1	AM	tbd	
Option 2 Option 3	North	1	AM PM	6/9-6/27 (not 6/19)	
Option 2 Option 3	West	1	AM	6/9-6/27 (not 6/19)	
Option 2 Option 3	Central	1 2	AM AM	6/10-6/26 (not 6/19) 8/5-8/21	
Option 2 Option 3	Higher Ground	1	AM PM	6/10-7/1 (not 6/19)	
Option 2 Option 3	Valley New School	1	AM	6/9-6/27 (not 6/19)	

If an EL student, is bussing requested? Y N

Counselor name: _____ Signature _____

Courses Needed to meet Graduation Requirements:

Does this student have an active CBI course YES NO

School contact Information regarding course progress:

****PLEASE ATTACH CREDIT REPORT****

To Enroll: This form must be returned to the counselor or principal's office at the school where you presently attend.
 Counselor/Principal signature is required. Call 920-852-5332 or email kadolphkarrie@aad.k12.wi.us if you have any questions.