

West Chicago Community High School
Summer School 2025 Session 1: June 2 through June 17
Summer School 2025 Session 2: June 30 through July 16

Registration: April 8, 2025 through May 28, 2025

Resident Fee: \$100 per semester credit

Non-Resident Fee: There is a non-resident fee of \$250.00 per semester credit. Priority enrollment will be given to in-district students. Non-residents will be placed on a waiting list and enrolled on a space-available basis.

Payment: Payment must be made at the time the form is submitted. **No tuition waivers will be issued**

To register you must return to Mrs. Lopez in the Reception Area by Entrance H:

- Completed application
- Payment: Tuition must be paid in full by the beginning of the session in order to secure your spot. Payment may be made by cash, money order, check payable to Community High School District 94 with ID# on the check (a \$25.00 service charge will be issued for NSF checks) or charge (MasterCard and VISA).

Credit: Each class is worth 0.5 credit. Students can select 1 or 2 courses to complete during summer.

Courses: Summer school course options are listed on the application. Courses are designed for credit recovery, not for advancement. Courses may be in-person or independent study depending on enrollment. In-person classes will take place Monday-Friday 7:55am-12:55pm; STAR Independent study classes will have a materials pick-up on May 30 or June 2 between 9:00am-11:00am. All courses are subject to cancellation or a change in type based on enrollment.

ATTENDANCE AND DISCIPLINE POLICY

State law requires that students, who are enrolled in a summer school program attend classes for a minimum number of hours. If students fall below the minimum number of hours, the state will not permit us to grant credit for the course. Listed below is the attendance policy for your summer school program. We are requesting that parents acknowledge that they have read the policy by signing the policy on the application.

If you know your child will be absent, you must call Mrs. Lopez at 630-876-6310 to report the absence. There will be independent work required for any absence. Please DO NOT call the high school attendance line or leave a message at any other number!

1 absence: Student will be dropped from class on the second absence.

3 tardies: Recorded as one absence.

1 tardy: 10 minutes late to class (includes return from break).

Disciplinary referrals requiring administrative intervention (including vaping) will result in dismissal from the program with no refund.

WEST CHICAGO COMMUNITY HIGH SCHOOL

SUMMER SCHOOL APPLICATION

Complete and sign application below. Mail or bring application with tuition to Mrs. Lopez (630-876-6310) at Entrance H. Payment must be included with form. PLEASE PRINT CLEARLY

Name _____ Student ID: _____ Counselor: _____

Street _____ City _____ Phone _____

Grade Entering (For 2025 -2026 school year) 9 10 11 12 Date of Birth _____

Name of Parent _____ Emergency Phone _____

Please list any medical concerns _____ IEP: Yes No

Course (Circle semester needed)	Course type*	Session 1	Session 2
English 1: S1 S2	In person		
English 2: S1 S2	In person		
English 3: S1 S2	In person		
English 4: S1 S2	In person		
Principles of Algebra: S1 S2	In person		
Algebra 1: S1 S2	In person		
Geometry: S1 S2	In person		
Algebra 2: S1 S2	In person		
Consumer Education	In person		
English 1: S1 S2	STAR (Independent)		
English 2: S1 S2	STAR (Independent)		
English 3: S1 S2	STAR (Independent)		
English 4: S1 S2	STAR (Independent)		
Biology: S1 S2	STAR (Independent)		
Chemistry: S1 S2	STAR (Independent)		
Health	STAR (Independent)		
PE	STAR (Independent)		
World Geography: S1 S2	STAR (Independent)		
Topics in Modern History	STAR (Independent)		
American History: S1 S2	STAR (Independent)		
American Government	STAR (Independent)		

* For students with an IEP, all courses will be in person at WEGO

Total Fee (\$100 per course): _____

Please make checks payable to: West Chicago Community High School D94

PARENT ACKNOWLEDGEMENT - ATTENDANCE AND DISCIPLINE POLICY

I have read the attendance and discipline policy and acknowledge that my son/daughter will be dropped from class without refund if he/she exceeds the number of absences as described in the summer school attendance policy. I also understand that disciplinary referrals requiring administrative intervention will result in dismissal from the program with no refund.

Signature of Parent _____

Date _____

Counselor Verification _____

Date _____

Counselor: Please verify course and semester to be made up _____