BRANDYWINE SCHOOL DISTRICT

2025 SUMMER CREDIT RECOVERY INFORMATION

As summer approaches, we want to ensure every student stays on track for success. Our High School Summer Recovery Program provides a supportive and engaging environment where students can strengthen their skills, recover credits, and build confidence for the next school year.

Our school counselors have carefully identified students who would benefit from attending this program. If your child has been recommended, we encourage you to complete the Summer Registration Form as soon as possible to secure their spot.

Why Enroll?

✓ Personalized support from dedicated teachers.
✓ Focused learning to master essential concepts.
✓ A positive, encouraging atmosphere for growth.

We are here to support you every step of the way. If you have any questions, please don't hesitate to contact SummerSchool@bsd.k12.de.us

Registration Packet online @ www.brandywineschools.org/summer

Payments can be made at
https://www.velocitypayment.com/client/delaware/brandywineschooldistrict/index.html

We understand that every family's financial situation is unique. If the $50 registration fee for your child's credit recovery course presents a challenge at this time, support may be available, as we want to ensure that every student has access to the opportunities they need to succeed. Please contact your child's school counselor for more information or to discuss available options.

BRANDYWINE SCHOOL DISTRICT

2025 SUMMER CREDIT RECOVERY INFORMATION

To the Parent/Guardian of: _____

Brandywine School District is again offering online credit recovery (make-up) courses for students who were unsuccessful in earning course credit during the regular school year. The course offerings are for credit recovery only and cannot be taken for original credit. APEX, a leading K-12 virtual education service, will be coordinating the program that includes courses correlated to the District's and the State of Delaware standards. Students may take up to two courses for credit recovery and there is a $50 cost per course to the student.

We understand that every family's financial situation is unique. If the $50 registration fee for your child's credit recovery course presents a challenge at this time, support may be available, as we want to ensure that every student has access to the opportunities they need to succeed. Please contact your child's school counselor for more information or to discuss available options.

Your student is being referred to complete the courses highlighted below. If you are interested in having your student participate in Summer Credit Recovery, registration opens **Friday, May 23, 2025**, and ends **Monday, June 23, 2025**. Again, students may take up to two courses from the courses they are referred to below. To register, go to our website at www.brandywineschools.org/Summer. Please be sure to fill out both the registration form and the emergency medical form. Registration packets should be completed and returned to SummerSchool@bsd.k12.de.us

English		Science	
English 9	English 11	Biology	Chemistry
English 10	English 12	Integrated Science	Physics
Math		**World Language**	
Algebra 1	Algebra 2	Spanish I	
Geometry	Pre-Calculus	Spanish II	
Statistics		French I	
Math & Personal Finance		French II	
Social Studies		**Health**	
Civics & Economics		Health	
World History & Geography			
U.S. History			

Orientation

All students will need to attend one virtual orientation session via Zoom, and the link will be sent out the week before. This session will instruct students on how to work through the APEX platform. If you cannot attend the Zoom orientation, the same content will also be available within your course.

Orientation Dates
June 24, 2025, at 10:00am - 11:00am
June 24, 2025, at 1:00pm - 2:00pm

Course Length

As an online course, students will have the ability to work on course completion twenty-four hours a day, seven days a week, wherever they have access to the internet. All coursework must be 100% completed on or before August 1, 2025.

Course Delivery, Instruction, and Monitoring of Student Progress

Students can begin course(s) once the registration form and cost per course are received and all information on the registration form is confirmed. The student will then be enrolled in APEX course(s). Coursework can be accessed through the student's class link page/APEX app. The courses made available through APEX are online and completely delivered through the Internet, creating an anytime, anywhere learning experience that allows greater accessibility and flexibility for students. All courses are self-paced, but students must complete the course by August 1, 2025. Students will be assigned a case manager to monitor progress.

For students who would like to work on-site or would like extra support, the following is available:

On Site Support at Talley Middle School; Mondays & Wednesdays from 8:00am-10:00am
Mt. Pleasant High School; Tuesdays & Thursdays from 8:00am-10:00 am
Online Support via Zoom - 2 evenings per week from 5:00pm-7:00pm*
Your case manager will provide the Zoom contact information

For questions regarding summer school (credit recovery) registrations, contact SummerSchool@bsd.k12.de.us

BRANDYWINE SCHOOL DISTRICT

2025 High School APEX Credit Recovery

(9th - 12th Grade Students) Registration Form

REGISTRATION ACCEPTED BETWEEN MAY 23, 2025 – JUNE 23, 2025

Registrations must be submitted via email to SummerSchool@bsd.k12.de.us

COMPLETED REGISTRATION FORM, EMERGENCY CARD, AND $50 FEE PER COURSE MUST BE RECEIVED IN ORDER TO FINALIZE ENROLLMENT

Student Last Name		Student First Name		M.I.
Student ID Number:				
Grade (2024-2025)	Gender	Birthdate	Race	
Current School (2024-2025)		Next Year School (2025-2026)		
School Counselor Name		Student Phone Number		
Student Email Address				

Parent Last Name		Parent First Name
Address: Number / Street / Apartment Number		
City	State	Zip
Home Phone	Work Phone	Cell Phone
Parent Email Address		

Courses chosen based on counselor recommendation:

Course 1 Title _____ **Grade Level** _____

Course 2 Title _____ **Grade Level** _____

Credit recover / No original credit

***By typing my signature, I authorize the release of school records/information to Summer School 2025. For all purposes herein, an electronic or typed signature shall be deemed the same as an original signature.**

_____ _____

PARENT/GUARDIAN SIGNATURE **DATE**

_____ _____ _____

Emergency Contact Name **Relation to Child** **Phone Number**

2024-2025	District: Brandywine	School: SUMMER ACADEMY/CREDIT RECOVERY		
Student:	ID:	Gender:	Grade:	Date of Birth:

Student Health History Update for the School Nurse: This information will be shared with staff and administration on a need to know basis, and with emergency medical staff in the case of an emergency, unless you notify us otherwise.

1. Please check if child has had difficulty with any of the following. Please provide dates and additional information in the comments section.

☐ ADHD
☐ Allergies
☐ Asthma
☐ Behavior
☐ Bleeding/Blood disorder
☐ Bone Problem
☐ Bowel/Bladder
☐ Concussion: _____
☐ Diabetes
☐ Emotional
☐ Hearing
☐ Heart
☐ Infections
☐ Kidney
☐ Physical Disability
☐ Seizures
☐ Speech
☐ Surgery
☐ Vision
☐ Other: _____

Comments: _____

2. Does your child have allergies to medicine, latex or insect bites? ☐ Yes ☐ No

To What? _____ What Happens? _____

Treatment: _____

3. Does your child have a food allergy documented by a licensed healthcare provider? ☐ Yes ☐ No

To What? _____ What Happens? _____

Treatment: _____

A Food Allergy Action Plan completed by a licensed healthcare provider is required for all students with a food allergy.

4. Will your child require an individualized, allergen-free menu designed by a Brandywine School District Registered Dietitian?

Note: Meals provided from home provide the safest food options at school for food-allergic students.

☐ **No.** I will take full responsibility of providing my child with allergen-free school meals.

☐ **Yes.** I will provide the school nurse with a Food Allergy Action Plan completed by a licensed healthcare provider. Failure to provide physician documentation will result in your student receiving a standard allergy meal.

5. Has your child seen a healthcare provider since school ended in June? ☐ Yes ☐ No

What for? _____

6. Is your child being treated or evaluated for any health conditions? ☐ Yes ☐ No

List condition(s): _____

7. Is your child on any medication or treatment? ☐ Yes ☐ No

Name of medication or treatment: _____

Does your child need medication during school hours? ***If yes, please contact the school nurse to make arrangements***. ☐ Yes ☐ No

8. Has your child been prescribed glasses or contact lenses? ☐ Yes ☐ No

Date of last exam: _____ If your child wears glasses or contact lenses, when was the prescription last changed? _____

9. Has your child experienced emotional upsets (recent move, death, separation, divorce) since school ended in June? ☐ Yes ☐ No

Please list: _____

Medical Information:			Last Appointment:		
Family Physician:				Phone:	
Family Dentist:				Phone:	
Medical Insurance:				Type:	
Certificate No:		Group No:		Medicaid No:	

I give permission for my child to have the following; as determined by the nurse:
Acetaminophen (Tylenol®) ☐ Yes ☐ No Benadryl ☐ Yes ☐ No Ibuprofen (Advil®) ☐ Yes ☐ No Tums® ☐ Yes ☐ No

Parent/Guardian Signature*: _____ **Date**: _____

School Emergency Procedures: Your schools have adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies the school may call an ambulance prior to calling parents in order to seek immediate medical care.

In case of emergency and/or need of medical or hospital care:

1. The school will call the home. If there is no answer,
2. The school will call the parent/guardian 1's, or parent/guardian 2's place of employment. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility.
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians or physician until one is reached.
7. The information on this form may be shared with emergency medical staff.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

Parent/Guardian Signature*: _____ **Date**:_____

*For all purposes herein, an electronic or typed signature shall be deemed the same as an original signature.