

Nashua School District

Summer 2026

Competency Recovery Registration Packet



Grades 9-12 Summer 2026 Competency Recovery Program Information:

All recovery will be completed

Between July 6th and July 24th.

**All classes meet from 12:00 pm to 2 pm Monday through Friday
in the North Media Center.**

<u>North Media Center</u>	<u>Week:</u>
Spanish: Monica Wesson Math: Kris Ellspermann	July 6-10
English: Cam McIntire Science: Rock Pinault	July 13-17
Social Studies: Lex Duval	July 20-24

Summer 2026 NASHUA COMPETENCY RECOVERY PROGRAM
Monday July 6th through Friday July 24th, 2026

Students, who receive a final grade of an “NC” in a core academic subject class, are eligible to enroll in the competency recovery program. Students are able to recover up to 50% of competencies for the course.

1. All students will meet with the recovery teacher to create a recovery plan. Students and teachers will meet daily for one week to complete the recovery plan. Additional time can be arranged and students are expected to attend the program on those days. (See attendance policy below).
2. Students should speak with their guidance counselor for forms and information. All registration forms and money will be **due Wednesday July 1st**. Checks are made payable to the NSD Competency Recovery Program.

ATTENDANCE POLICY: Attendance at all sessions is mandatory until the teacher dismisses students for completion of all work. Attendance is **not a guarantee** of successful completion. **Students must demonstrate competency to receive credit.**

DISCIPLINE POLICY: Students are subject to the Nashua School District's Board of Education approved Student Behavior Standards

TRANSPORTATION: Parent and/or Student Responsibility.

FEES

\$25.00 Administrative fee for each class.

\$15 for Students on free/reduced lunch

Please make check payable to the NSD Competency Program

REFUNDS WILL NOT BE MADE AFTER July 1st.

Students please keep this page

Return Registration form to:

North- B3 Guidance -Mrs. Allison Lynn

South-Lower A1002-Mrs. Lynn Capone

Adult Ed office -South A2003 (Mon/Tues)

North A106 (Wed/Thurs) -Kim Odierno

Due Wednesday, July 1, 2026

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REGISTRATION FORM

ALL COURSE FEES MUST BE PAID WHEN REGISTERING. Checks are made payable to the NSD Competency Recovery Program.

NAME OF
STUDENT: _____ MALE__ FEMALE__ NB__
(Last Name) (First Name)

NAME OF PARENT/GUARDIAN: _____ DAYTIME PHONE #: _____

SCHOOL NAME: _____
Email _____

HOMEADDRESS: _____ CITY: _____ Zip: _____

GRADE **NOW**: _____ DOB: _____ AGE: _____ TEL. NO.: _____

IN CASE OF EMERGENCY WHOM MAY WE CALL? _____

ADDRESS: _____ PHONE #: _____

Course: _____ Original Teacher _____

Competency to be recovered: _____

Course: _____ Original Teacher _____

Competency to be recovered: _____

All recovery will be completed by July 24, 2026.

All classes start on Monday of the week assigned in the North Media Center.

Please fill in the box for state data collection. Our funding depends on it.

Turn over for page 2.

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Monday July 6th through Friday July 24th, 2026

DATA COLLECTION

The State of New Hampshire requires that we collect data on our adult education program. This information will be kept confidential and used to help improve our programs. Please answer all questions.

1. Do you speak a language other than English? No ____ Yes ____ Please list: _____
2. Race (check all that apply): American Indian or Alaska Native ____ Asian ____ Black or African American ____
Native Hawaiian or Other Pacific Islander ____ White ____
3. Ethnicity: Hispanic or Latino ____ Not Hispanic or Latino ____
4. Do you have access to the internet at home? Yes ____ No ____
If no check the reason: Internet is not available at home ____ I am unable to pay for internet access ____
Check all devices you have at home: cell phone ____ computer desktop ____ computer laptop ____
5. Employment: Employed ____ Employer Name _____ Hourly Rate _____
Unemployed ____ Not in Labor Force ____
6. Are you enrolled in any workforce training programs like: WIOA, TANF, SNAP Other: _____ No ____
7. Primary Goal (select one): Enter Employment ____ Retain Employment ____ Obtain Diploma ____ Prepare for college ____
Other (please specify) _____
8. Birth Country: United States ____ Other (Please specify) _____
9. If you register at another adult education center may we share data with them? Yes ____ No ____
10. Interpreter Required? Yes ____ No ____ Translation Requested? Yes ____ No ____

GUIDANCE COUNSELOR SIGNATURE: _____

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____ **DATE:** _____

BELOW IS FOR OFFICE USE ONLY

\$15 Reduced ____ **\$25 Full Fee** ____ **Tuition Total** _____

Payment: Cash ____ **Check #** _____ **Accepted By** _____ **Date** _____