Nashua School District
Secondary Summer School

HIGH SCHOOL REGISTRATION PACKET

Grades 9-12 Summer School Class Information:

DATES: Monday through Friday
June 29, 2026 through July 24, 2026
(No class July 3)

LOCATION: NASHUA HIGH SCHOOL **NORTH**
8 Titan Way, Nashua, NH 03063
(603) 966-2420

TIME: Breakfast: 7:30 am – 7:55 am
Lunch: 12:00 pm – 12:30 pm

Session 1: 7:55 am – 10:00 am
Session 2: 10:00 am – 12:00 pm

CONTACT: Questions? Kim Odierno odiernok@nashua.edu

for those completing their high school diploma
Summer High School Graduation will be held on Thursday July 23th at 6:00 pm
at Nashua High School North Auditorium

Students *must consult with their Guidance Counselor prior to registration* to guarantee acceptance of "make-up" credit.

Students may take up to TWO courses per summer.

Students cannot participate in Summer School and Drivers Ed.

2026 NASHUA SCHOOL DISTRICT SUMMER SCHOOL – GRADES 9-12
June 29th to July 24, 2026
7:55 am to 12:00 pm

1. Before attending the walk-in registration dates below, please make sure all your forms are completed including the required attached student health form. This will expedite the process. Checks are made payable to the NSD Secondary Summer School. Students may attend either time or drop off forms before the walk in dates.

Walk-In Registration is at Nashua High School North in front of the main office – 8 Titan Way, Nashua, NH 03063
Dates: Thursday, June 25 4:00 pm - 7 PM

Walk-In Registration is at Nashua High School South in front of the main office - 36 Riverside St, Nashua, NH 03062
Dates: Wednesday, June 24 12:00 pm – 3:00 pm



These courses will be offered during our summer program.
Space is limited, so make sure to register early.
Priority will be given to Seniors who are graduating in July.
All students need to be enrolled by JUNE 26th

COURSE FEES
$100 per course for ALL Nashua Residents
$200 per course for ALL Non-Nashua Residents
$35 per course for ALL free/reduced lunch students
Please make a check payable to the NSD-Secondary Summer School.
No refunds after June 29th.

ATTENDANCE POLICY: Attendance is expected daily. Students exceeding two (2) absences will be dropped from the class and will not receive credit. Late arrivals exceeding 40 min will be counted as an absence. Two late arrivals of any length count as an absence. There is no refund for students who exceed the number of missed classes.

DISCIPLINE POLICY: Students are subject to the Nashua School District's Board of Education approved Student Behavior Standards. **Core values ARE expected. Students who fail to meet expectations will be removed from the program.**

TRANSPORTATION: Parent and/or Student Responsibility - There will be busses from the local elementary schools to the high school. Arriving at North by 8 am and leaving North at 12:10pm.

FOOD SERVICES: The Nashua High School North cafeteria will be open to serve breakfast and lunch to all students enrolled in summer programs beginning June 29th and ending July 24th. The serving time will be limited to:

Breakfast: 7:30 – 7:55 am Lunch: 12:00 – 12:30 pm

2026 NASHUA SCHOOL DISTRICT SUMMER SCHOOL – GRADES 9-12
June 29 2026 – JULY 24, 2026
REGISTRATION FORM

ALL COURSE FEES MUST BE PAID WHEN REGISTERING. Checks are made payable to the NSD Secondary Summer School.

STUDENT:_____ _____
(Last Name) (First Name)

NAME OF PARENT/GUARDIAN:_____DAYTIME PHONE #: _____

EMAIL ADDRESS FOR PARENT/GUARDIAN:_____

HOME ADDRESS: _____CITY:_____ZIP: _____

GRADE **NOW** COMPLETING: _____ SCHOOL: North South Other _____ SS#(opt)_____

DOB: _____ AGE:_____ TEL. NO.:_____

IN CASE OF EMERGENCY, WHOM MAY WE CALL?_____

ADDRESS: _____PHONE #:_____

Classes Offered Session 1 from 7:55 am – 10:00 am	**Classes Offered Session 2 from 10:00 am – 12:00 pm**
ENGLISH ___ English I Freshmen ___ English II Sophomore ___ English IV Senior	**ENGLISH** ___ English I Freshmen ___ English II Sophomore ___ English III Junior
MATH ___ Algebra I Part 1 ___ Algebra 1 Part 2 ___ Pre-Algebra	**MATH** ___ Algebra I Part 1 ___ Algebra 1 Part 2 ___ Geometry
SCIENCE ___ Physical Science ___ Biology	**SCIENCE** ___ Biology
SOCIAL STUDIES ___ Economics (1/2 credit) ___ Civics (1/2 credit) ___ US History ___ World Studies	**SOCIAL STUDIES** ___ US History ___ World Studies
**** Economics will be 6/29-7/10 ** Civics will be 7/13-7/24**	***The summer school Director reserves the right to drop any course which does not have sufficient enrollment.***

PLATO on-line classes are available for Health and Physical education.

I have read and understand the attendance Policy:_____
I have read and understand the discipline policy._____

I understand that I will be responsible for transportation to and from Summer School._____
I will use the bus from the elementary school: yes no

_____ _____
Parent/Student Signature Date

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? Yes ___ Please list: _____ No ___
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, TANIF, SNAP Other: _____
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 ___

BELOW IS FOR OFFICE USE ONLY

$35 Reduced ___ $100 Full Fee ___ $200 Out of District ___ Tuition Total _____

*Payment: Cash*____ *Check #*_____ Accepted By_____ Date_____

Date Received in Adult Ed_____ Received By_____

NASHUA SCHOOL DISTRICT
HEALTH HISTORY

Student Name _____ Address _____

Date of Birth _____ Grade _____

Please fill out the following health information on your child. A health record is kept on each child and needs to be updated each year.

1. Has your child had **(please give age or date)**:

   Chicken Pox _____ Measles _____ German Measles _____

   Whooping Cough _____ Mumps _____ Poliomyelitis _____

   Ear Infections _____ Strep Throat _____ Pneumonia _____

   Tuberculosis _____ Hepatitis _____ Mononucleosis _____

   Scarlet Fever _____

2. Does your child have:
   Asthma _____ Diabetes _____ Epilepsy_____ Seizures _____ Cerebral Palsy _____

   Deafness_____ Blindness _____ Headaches _____

   Serious, Life Threatening Allergies_____

   Heart Condition or Heart Defect_____

   Is your child toilet trained and able to use the bathroom on his/her own? ____Yes ____No

3. Has your child had any operations? _____ Describe _____

   Has you child had any serious illnesses or accidents? _____ Describe _____

   _____

4. Does your child have any allergies?_____ What?_____

5. Does your child take any pills, medicine or treatment? If "YES", what for?_____

   _____

   _____

   PLEASE NOTE: NO MEDICATION MAY BE ADMINISTERED TO YOUR CHILD WITHOUT A WRITTEN DOCTOR'S NOTE, A RELEASE FORM SIGNED BY THE PARENT OR GUARDIAN, AND THE MEDICATION IN A CLOSED, LABELED CONTAINER. THE PRESCRIPTION BOTTLE **DOES NOT** SUFFICE FOR A DOCTOR'S NOTE.

6. Does your child wear glasses, hearing aid or other appliance?_____

7. Are there any health problems not mentioned? Please explain._____

   _____

DATE _____ **PARENT OR GUARDIAN'S SIGNATURE** _____

DISTRITO ESCOLAR DE NASHUA

HISTORIAL DE SALUD

Nombre del Estudiante _____ Dirección_____

Fecha de Nacimiento _____ Grado _____

Por favor sírvase completar el siguiente formulario con información pertinente a la historia médica de su hijo o hija. Este historial médico deberá actualizarse cada año escolar.

1. Si su hijo(a) ha tenido lo siguiente: (por favor anote la edad o la fecha)

   Vericela _____ Sarampión _____ Sarampión aleman _____

   Tos ferina _____ Paperas _____ Poliomyelitis _____

   Tuberculosis _____ Hepatitis _____ Mononucleosis _____

   Fiebre Escaralatino_____

2. Tiene su Hijo(a):

   Asma _____ Diabetes _____ Epilepsia _____ Convulsiones _____ Palsy Cerebral _____

   Sordera _____ Ceguera _____ Dolores de Cabeza _____

   ¿Alergias severas que le ponen en peligro la vida? _____

   Defectos congenitales en el corazón u otros defectos del corazón _____

   ¿Está su niño(a) entrenado(a) para ir albaño solo(a)? ___Si ___No

3. ¿Ha tenido su hijo operaciones quirúrgicas?_____ Por favor indique el tipo y la fecha _____

   _____

   ¿Enfermedades muy serias o accidents?_____ Por favor indique el tipo y la echa _____

   _____

4. ¿Tiene su hijo(a) alergias?_____ ¿A qué? _____

5. ¿Está su hijo(a) tomando medicinas, píldoras o tratamientost? _____ Si la respuesta es si, por qué o para qué? _____

   _____

   NOTA: NINGÚN MEDICAMENTO SE LE ADMINISTRARA A SU HIJO(A) SIN UNA NOTA ESCRITA POR SU DOCTOR Y EL PERMISO FIRMADO POR EL PADRE O APODERADO.

6. ¿Tiene su hijo(a) lentes o ayudas auditórias u otras necesidades?_____

7. ¿Tiene otros problemas de salud no mencionados? Por favor explique._____

   _____

FECHA _____ **FIRMA DEL PADRE O APODERADO** _____

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

❑ No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Nashua School District Academic Departments in order to waive specific class fees.**

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

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Return this form to:
Kim Odierno- In room A106
Nashua High School North Summer School Program
8 Titan Way. Nashua, NH 03063
603-966-2420