

## Sturgis Brown High School 2019 Summer School Registration

STUDENT INFORMATION	
Student Name (print):	
Student Address:	
Parent/Guardian Name(s):	
Student Cell Phone:	Parent Primary Phone:
Parent/Guardian Signature:	
Course Wanted:	Counselor Approved:

**Course Costs:    \$50 for a ½ credit    \$25 for each additional ½ credit    Paid: \_\_\_\_\_**

As a summer school student, I understand and agree to the following:

- I am expected to attend school one full summer school day per week for every course I am taking. Work and vacations should be planned accordingly and outside of summer school hours. Absence may result in possible loss of credit and dismissal from Summer School with no refund of money.
- All tests will be taken at SBHS and I will stay a minimum of 2 hours on those days.
- Summer School hours are 9:00 a.m. to 1:00 p.m. Tardiness may result in possible loss of credit and dismissal from Summer School with no refund of money.
- Discipline issues will not be tolerated. Upon the second occurrence, a meeting will be held with the administrator, teacher, parents, and student to determine continuation or withdrawal from summer school. Money will not be refunded if the student is withdrawn from school due to discipline issues.
- I know I have until June 20, 2019 to finish my coursework, and if I don't finish the course in the allotted timeframe, I will receive an "F" for the course without refund.
- Medical history must be provided for emergency purposes.
- SBHS policy handbook regulations and rules will be followed.

**Class runs from May 28<sup>th</sup> thru June 20<sup>th</sup>, on Monday, Tuesday, Wednesday and Thursday. 9:00 to 1:00.**

### Summer Course Offerings Odyssey Ware (online classes)

Core classes – no electives. Courses may be 1 (one) credit or ½ (credit) and they be 1<sup>st</sup> and/or 2<sup>nd</sup> semester coursework. **All classes must be counselor approved.**

**Computer Requirement:** To complete online work, students must have access to an Internet connection. School computers are available for student use.

**\*\*Deadline to register for summer school is Monday, May 20<sup>th</sup> at noon.**

**\*\*All students enrolling in summer school must attend a mandatory scheduled orientation at the high school on Tuesday, May 21<sup>st</sup>, at 2:00 p.m. in Room 100.**



## 2019 High School Summer School Emergency Information

STUDENT INFORMATION		
STUDENT NAME: _____ BIRTHDATE: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <span>(Last name)</span> <span>(First name)</span> <span>(mm/dd/yyyy)</span> </div>		
Address: _____		
City: _____	State: _____	Zip: _____
PARENT/GUARDIAN 1		
Name: _____		
Relationship to student: _____		
Cell Phone: _____	Work Phone: _____	
Email Address: _____		
PARENT/GUARDIAN 2		
Name: _____		
Relationship to student: _____		
Cell Phone: _____	Work Phone: _____	
Email Address: _____		

EMERGENCY CONTACT INFORMATION			
Emergency Contact Information: In case of an emergency & we are unable to reach you, please indicate who we should contact and who we are able to share information with about the situation.			
Name	Relationship to student	Daytime Phone	Cell Phone

## Student Health Information

In the event services of a physician or hospital emergency room appear necessary, whom would you prefer the school utilize?

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list medication your child takes: \_\_\_\_\_

Please list any significant health information which should be known by the school or an attending physician (asthma, seizures, diabetes, allergies, etc.): \_\_\_\_\_

List measures you would like school personnel to follow if the health problem(s) occurs at school: \_\_\_\_\_

I authorize officials of the District to contact persons I have designated as emergency contacts for medical emergencies and in the event that my designated emergency contacts cannot be reached, school officials are authorized to take whatever action is deemed necessary for the health and safety of my child/children. Expense incurred, including ambulance use or treatment by a physician, will not be borne by the District.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent/Guardian

Is your child covered by health insurance?

Yes No

If YES, what kind? Private Insurance

Medicaid/Chip (Children's Health Insurance Program)

If Medicaid/Chip, please provide the health card number and primary care provider's name since the District can/does bill Medicaid/Chip for certain qualified related health services

\_\_\_\_\_  
Medicaid/Chip Number

\_\_\_\_\_  
Primary Care Provider

If NO, would you like information on free children's insurance plan?

Yes No