

SUFFOLK PUBLIC SCHOOLS
2019-2020 Summer School Registration Form - High School

Base School (Circle One): **KFHS** **LHS** **NRHS** **Other**

Student Information:

Name: _____ DOB: _____

Address: _____ City, State, Zip: _____

Email Address: _____ Phone Number: (____) _____

Parent Information:

Name: _____

Address: _____ City, State, Zip: _____

Best Contact Number: (____) _____

Email Address: _____

(Please provide a valid email address. Progress reports will be sent via email.)

Is your student a candidate for Summer School Graduation? _____ Yes _____ No

Which course(s) are needed for graduation? _____

Is your student a candidate Standard of Learning Testing? _____ Yes _____ No

Summer graduation and promotion will take priority.

Which SOL test(s)? _____

Does student have a current IEP or 504 Plan? _____ IEP _____ 504 Plan

Are accommodations and/or inclusion services needed? _____ Yes _____ No

DATES AND SCHEDULE

Summer School Session: July 6, 2020 through August 6, 2020

Classes will convene daily: Monday through Thursday.

No School on Fridays

Summer Graduation:

TUITION

Suffolk Residents \$Free (Repeat) \$350.00 (New)

Non-Suffolk Resident \$250.00 (Repeat) \$450.00 (New)

SPS students receiving free or reduced lunch are eligible for a discount.

ATTENDANCE

Students are required to take their mid-term and final exams face to face, at the summer school building. Students will be given a specific date to take their exams. However, students who may progress ahead or behind may schedule an alternative day to take their exam, with teacher approval. *If at any time, a student falls behind 10% or more of the targeted completion percentage, they risk having their course disabled and failing for the summer.*

Tuition will not be refunded. Please Initial _____

CLASS TIMES

Repeat Courses

Morning 8:00 a.m. – 12:00 a.m.

Afternoon 12:30 p.m. – 4:30 p.m.

New Courses

All Day 8:00 a.m. -4:30 p.m.

THIS SECTION FOR OFFICE USE ONLY

REGISTRATION

Registration Processed by: _____

Position: _____

School: _____ Date: _____

TUITION

Amount Paid: _____

___ Check ___ Cash ___ Money Order

Out-of-District Summer School Students ONLY

Principal's Approval Required for All Students

Attached Page 2 of this application, requires parent signature for students under 18.

Acceptable Use and Internet Safety Policy (AUP)

Attached Must be provided by home school.

SUFFOLK PUBLIC SCHOOLS
Approval for Out of District Students
2020 Summer School Registration Form – High School

This form must be completed by sending school designee (guidance or administrative staff).
Suffolk Public Schools will not administer state testing to out of district students enrolled in the summer program.

Student Information:

Name: _____

State Testing Identifier: _____ Grade: _____

Name of School: _____

District: _____

Approval from Home School:

Student has approval to participate in Suffolk Public Schools' Summer School Program. ___Yes ___No

Person designated to provide this approval: _____

Signature of designee: _____

Contact number: (____) _____

Email: _____

Allowed Course(s)

#1 _____

#2 _____