

**2018 GST BOCES Regional Summer School Middle Level
Grades 7 – 8 Registration Form**

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*Home District: _____ *School: _____

*Grade (during 2017-2018 school year): _____ * Anticipated year of graduation: _____

*Student ID #: _____ *DOB: _____ / _____ / _____

*Student Name _____ Gender: _____
First MI Last

***IEP/504/LEP**

*Is the student classified as a special education student? (Please Circle) YES or NO

*Does student have an IEP? (Please Circle) YES or NO

*Does student have a 504? (Please Circle) YES or NO ****If yes to either please attach.**

* Home phone _____ *Address _____

*City: _____ *State: _____ *Zip Code: _____

Student Cell Phone Number _____ Student E-mail Address: _____

*Classes to take (Please check all that applies):

- | | | | |
|---|----------------------|---|----------------------|
| <input type="checkbox"/> English 7 | *Final Average _____ | <input type="checkbox"/> English 8 | *Final Average _____ |
| <input type="checkbox"/> Math 7 | *Final Average _____ | <input type="checkbox"/> Math 8 | *Final Average _____ |
| <input type="checkbox"/> Science 7 | *Final Average _____ | <input type="checkbox"/> Science 8 | *Final Average _____ |
| <input type="checkbox"/> Social Studies 7 | *Final Average _____ | <input type="checkbox"/> Social Studies 8 | *Final Average _____ |
| <input type="checkbox"/> Study Skills | | | |

*Principal or Guidance Signature: _____ Date: _____

*1. Parent/Guardian Contact Name(s): _____ Relationship: _____
First MI Last

*Parent E-mail Address: _____

*Parent Phone Numbers: Home () _____ - _____, Work () _____ - _____, Cell () _____ - _____

*Employer: _____

*Parent Address (if different than student address):

Address _____

*City: _____ *State: _____ *Zip Code: _____

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2. Parent/Guardian Contact Name(s): _____ Relationship: _____
First MI Last

*Parent E-mail Address: _____

*Parent Phone Numbers: Home () _____ - _____, Work () _____ - _____, Cell () _____ - _____

*Employer: _____

*Parent Address (if different than student address):

Address _____

*City: _____ State: _____ *Zip Code: _____

*Emergency Contact Name: _____ Relationship: _____
First MI Last

* Phone Numbers: Home () _____ - _____, Work () _____ - _____, Cell () _____ - _____

Student Transportation Plan

*Transportation Arrangements (Please complete):

Transportation will be provided for the student Student will walk Student will take bus (ELMIRA ONLY)

Bus pick up/drop off locations at EDA, BWA, EHS, Diven

*If the student is being dropped off/picked up, please provide the name of the person that will be dropping off/picking up the student on a daily basis and the time of drop off/pick up:

Name: _____ Relationship: _____

Time to be dropped off: _____ Time to be picked up: _____

*Please list any other person approved to pick up/drop off student:

* Name: _____ Relationship: _____

Name: _____ Relationship: _____

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Student Guidelines

Hello and welcome to GST BOCES REGIONAL SUMMER SCHOOL Grades 7 – 8! Although it is not the regular school year, there are still several guidelines that we must adhere to during the summer months.

1. **ATTENDANCE IS MANDATORY!** Summer school runs from Wednesday, July 5 – Tuesday, August 15th. Please plan accordingly! Due to the attendance-based nature of summer school, we will not be scheduling around family vacations, summer camps for sports or any other schedule conflict. There will be no distinction between excused and unexcused absences. Three tardies will equal one absence. A student may miss only three days of any one class. On the fourth day of absence from that class, BOCES will recommend that the student not be given credit for the class taken. The student may attend summer school and continue to review and learn even if loss of credit is recommended. Final decisions on granting of credit lie with the home school. There will be **NO MAKE-UP** work in academic classes. Documented major medical issues will be considered depending on the days missed. Athletic or other camps, vacations or any other reason for missing school are unacceptable.
2. **ACTIVE PARTICIPATION WILL BE EXPECTED.** It is necessary for all students to take an active role in class and complete all work. Failure to do so will result in a poor grade and/or removal from summer school.
3. **APPROPRIATE BEHAVIOR IS ESSENTIAL.** Any violation of school or classroom rules of conduct will result in the student being sent home for the day. A second violation will warrant the student's permanent removal from summer school. Fighting will result in the immediate permanent removal from summer school. All behavior shall be in accordance with the Horseheads Central School District Code of Conduct.
4. **TRANSPORTATION/SCHEDULE: Classes begin at 8:00 AM and there will be 4 periods a day ending at 12:30.** If students are not scheduled for a full class load, then they must be picked up by an approved (see above) parent/guardian immediately following their last scheduled class. If not, they will be assigned a study skills class for the period(s) they don't have classes. Elmira City School District is providing transportation to and from the Middle Level Site at Horseheads High School with an 8 am arrival and a 12:30 pm departure. All other participating school districts are NOT providing transportation. Elmira City School District will provide pick up/drop off locations at Ernie Davis Academy, Broadway Academy, Elmira High School, and Diven Elementary School. Bus times will be provided as they are available.
5. All students are asked to use the designated summer school entrance (side entrance of the South Wing).

I have read these **Student Guidelines** and understand all requirements for summer session attendance at GST BOCES Regional Summer School Middle School Grades 7-8.

*Student Signature

Date

*Parent/Guardian Signature

Date

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***Denotes Required Information – Page 4 of 4** This form will remain on file with the Summer School Principal.

Health Information

*Student's First and Last Name: _____

*Home School: _____

*Emergency Contact Name (in the event of a health emergency): _____

*Relationship to Student: _____

*Emergency Contact Phone Number: _____

*Alternate phone number: __ (____) _____ - _____

*Does your child have any illness or health condition we should know about? _____ If so, please explain (e.g. asthma) _____

Has your child been diagnosed by a physician for the above condition? (Please circle) Yes No

*Is your child taking any medication regularly? _____
Please list and note if taken at home or school: _____

Does your child have any allergies? _____
Please list and note any that require an EPI-Pen injection: _____

Does your child get any migraine headaches? _____ How often and what helps? _____

Has your child had any serious accidents, illnesses, or operations in the past two months? If yes, please explain: _____

Has your child received any immunizations in the past two months? If so, list which ones and dates given: _____

****A registered nurse is NOT on staff during the summer.**
Therefore, medications may NOT be administered during Summer School.**