

# SUFFOLK PUBLIC SCHOOLS

## 2022 Summer School Registration Form - High School

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

**Student Information:**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 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 for the Standards of Learning Testing?** \_ Yes   \_ No

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

<p><b><u>DATES AND SCHEDULE</u></b>          Summer School Session: July 5, 2022 through August 4, 2022          Classes will convene daily: Monday through Thursday  <b>No School on Fridays</b>          Graduation Ceremony: August 4, 2022 (NRHS) @ 6:00 p.m.</p>	<p style="text-align: center;"><b><u>TUITION</u></b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">SPS Students</td> <td style="width: 33%;">\$Free (Repeat)</td> <td style="width: 33%;">\$Free (New)</td> </tr> <tr> <td>Non-SPS Students</td> <td>\$250.00 (Repeat)</td> <td>\$450.00 (New)</td> </tr> </table> <p><b>Summer School Is Free for all current Suffolk Public School students.</b></p>	SPS Students	\$Free (Repeat)	\$Free (New)	Non-SPS Students	\$250.00 (Repeat)	\$450.00 (New)
SPS Students	\$Free (Repeat)	\$Free (New)					
Non-SPS Students	\$250.00 (Repeat)	\$450.00 (New)					
<p><b><u>ATTENDANCE</u></b>          Students taking virtual courses are required to be present in their 2 live sessions daily (Monday - Thursday). Face-to-face students are required to be present in class daily (Monday - Thursday). Students who miss more than two classes risk having their course(s) canceled and failing for the summer. <b>Tuition will not be refunded.</b></p> <p>Please Initial _____</p> <p>Transportation Needed: <span style="float: right;">_ Yes   _ No</span></p>	<p style="text-align: center;"><b><u>CLASS TIMES</u></b></p> <p><b>Repeat Courses</b>          Morning 7:30 AM – 11:30 PM          Afternoon 12:00 PM – 4:00 PM</p> <p><b>New Courses</b>          All Day 7:30 AM - 4:00 PM          2 Live Sessions Daily</p> <p><b><u>Break</u></b>  <b>(11:30 PM - 12:00 PM)</b></p>						

**THIS SECTION FOR OFFICE USE ONLY**

<p><b>REGISTRATION</b>          Registration Processed by: _____          Position: _____          School: _____ Date: _____</p>	<p><b>TUITION</b>          Amount Paid: _____          —Check   _ Cash   _ Money Order</p>
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**Out-of-District Summer School Students ONLY**

**Principal's Approval Required for All Students**

**Attached** 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**  
**2022 Summer School Registration Form – High School**

This form must be completed by the sending school (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 or School ID: \_\_\_\_\_ 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: \_\_\_\_\_

**Approval from Parent or Guardian:**

Student has approval to participate in Suffolk Public Schools' Summer School Program. \_\_\_Yes \_\_\_No

Relationship to Student: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Contact number: (\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

**Course(s) Allowed**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

