

STUDENT ID# _____

COHORT YR. _____



NEW ROCHELLE HIGH SCHOOL
265 CLOVE ROAD
NEW ROCHELLE, NEW YORK 10801-1247

HIGH SCHOOL SUMMER SCHOOL REGISTRATION FORM

Name: _____ Date: _____

Last First

Address: _____ Apt: _____ City: _____ State _____ Zip _____

Phone: _____ DOB: _____ Counselor: _____

School: _____

IEP: _____ **504:** _____

Does the student have Asthma, Allergies, Seizure Disorder, Diabetes? _____

STUDENTS MAY ONLY TAKE A COURSE THAT THEY HAVE PREVIOUSLY FAILED

For Office use Only:

TIME	DAY	CLASS/CODE	DAY	CLASS
8:30-10:30	MON Thru THUR	<i>Art or Gym or Spanish</i>		
10:30-12:30	MON Thru THUR		M/W 10:30-12:30	Economics
			TUE/TH 10:30-12:30	Law & Gov
12:30-2:30	MON Thru THUR			
REGENTS EXAMS	<i>Algebra Int. Algebra Chemistry Earth Science English Geometry Global History Living Environment U.S. History</i>			
RCT	<i>Global Math Reading Science U.S. History Writing</i>			

Parent/Guardian & Student Agreement

I request that my student: _____ be permitted to enroll in the following courses in the Summer School Program. I am fully aware of the attendance requirement that allows students **only (2) absences for the summer** and that if students exceed this **for any reason** they **will fail** the course(s) involved. Students who receive (2) disciplinary referrals in one class will automatically be dropped from the course.

OUT OF DISTRICT STUDENTS MUST ATTACH A LETTER OF APPROVAL FROM YOUR HOME SCHOOL

I have read the information above and agree to the terms:

Parent's Signature Student's Signature Counselor's Signature

Office Use Only : Out of District Information

of Classes _____ @ \$500.00 Total \$ _____ Receipt # _____ Payment Method: _____