



CARMEL CENTRAL SCHOOL DISTRICT

LOUIS RIOLO
Principal

JOHN FINK
Assistant Principal

LAUREN SANTABARBARA
Assistant Principal

BRIAN PIAZZA
Assistant Principal

CARMEL SUMMER SCHOOL
30 FAIR STREET
CARMEL, NY 10512
(845) 225-8441 Ext. 605
John Fink, Summer School Principal

FROM: John Fink, Summer School Principal
DATE: June, 2019
RE: **2019 August Regents Registration Form for Out of District Students**

Enclosed is information concerning the Carmel High School August Regents exams.

REGISTRATION: Regents Exam seats will be limited and will be filled on a first come, first serve basis.

Registrar: Nancy Bottema

Registration Day: Tuesday, July 2, 2019 from 8am – 11am in the CHS Library.

Required Documents and Fee:

- ✓ A completed application form signed by your home school administrator
- ✓ A copy of the student's IEP or 504 (if applicable)
- ✓ The required registration fee. \$100/per exam to Carmel Summer School. Cash or Check.

DATES: The Regents Exams are administered on August 13 and 14th. Please see the attached schedule with more information.

LOCATION: Exams will be held at Carmel High School and depending on size, location will be determined. Registrants will be notified of location.

If there are any questions or concerns, please call me at 225-8441 Extension 605. Thank you for your cooperation.

Cultivating Opportunities



**2019 August Regents Registration Form
Out of District Students
John Fink, Summer School Principal
August 13th and 14th, 2019**

PLEASE CIRCLE THE REGENTS EXAMS THAT YOU WISH TO TAKE:

Tuesday, August 13 – 7:30 am

Algebra I

English Language Arts

Physical Setting/Chemistry

Wednesday, August 14 - 7:30 am

U. S. History & Government

Physical Setting/Earth Science*

Tuesday, August 13 – 11:30 pm

Global History & Geography II
(New Framework)

Transition Exam in Global
History & Geography

Wednesday, August 14 - 11:30 pm

Geometry

Living Environment

Algebra II

***A student must take the Lab Practical if sitting for Physical Setting Earth Science Regents. Date time and location will be TBA for those registering.**

Cultivating Opportunities



2019 August Regents Registration Form for Out of District Students

Student's Name: _____

Address: _____

Cell Phone: _____ DOB: _____ Gender: _____

Grade (As of 9/1/19) _____ Student ID # (Home District): _____

Please describe any medical conditions if applicable _____

Name of Home School _____

Counselor Name/ Phone Number _____

Does Student have an IEP or 504* Yes _____ No _____

*Due to program limitations not all IEPs or 504s can be met. Please attach a copy.

Parent/Guardian Name _____

Work phone/ Cell phone _____

Email address _____

Student Name

Student Signature

Parent Name (Visiting Student)

Parent Signature (Visiting Student)

Home School Administrator

Home School Administrator signature and Phone

<u>FORM OF PAYMENT</u>	<u>AMOUNT</u>	<u>DATE</u>	<u>SIGNATURE</u>
Cash	\$ _____	_____	_____
Check # _____	\$ _____	_____	_____
Money Order # _____	\$ _____	_____	_____

**PLEASE MAKE CHECK PAYABLE TO: CARMEL SUMMER SCHOOL
APPROVAL REQUIRED BY CARMEL ADMINISTRATOR IN ORDER TO REGISTER FOR ANY COURSE.**

SIGNATURE OF CHS ADMINISTRATOR: _____

