

WAPPINGERS

Central School District

SUMMER SCHOOL APPLICATION 2009
Deadline for Submission: July 1, 2009

Office Use Only	
<input type="checkbox"/>	WCSD Resident – no fees
<input type="checkbox"/>	Non- Resident Registration & Course Fee(s) Received
<input type="checkbox"/>	A-I
<input type="checkbox"/>	B-I

***All non-WCSD students: please attach the non-refundable \$10 registration fee and \$325 per course fee. No personal checks will be accepted. Please attach money order. Cash accepted at the Office of Administration. A receipt will be issued to you. There will be a limit of two courses per student. Applications should be returned to WCSD Summer School, 167 Myers Corners Road, Wappingers Falls, NY 12590.**

Student Information

Last name _____ First name _____
 Address _____ Phone _____
 Grade 2008-09 school year _____ School attended _____

Parent/Guardian Information

Father's name _____	Mother's name _____
Address _____	Address _____
Home # _____ Work # _____	Home # _____ Work # _____
Cell # _____ Email _____	Cell # _____ Email _____

If parents are divorced/separated, who is custodial parent? _____

Summer School Programs (tentative): Check the classes below for which you wish to register.

*All summer school programs run from July 6 – August 7. A finalized schedule will be created after all student requests for courses are in. Minimum class size is 10. Transportation for Wappingers CSD students will be provided from pick-up stops along the major routes on a limited basis. No transportation is available for out-of-district students. Choice of section will be honored on a first-come, first served basis and can not be guaranteed. Cost per course is \$325 for non-WCSD students. Cash or money orders only, please. No personal checks will be accepted. **These fees are non-refundable after July 8, 2009.***

<u>8:00 am – 9:30 am</u>	<u>9:45 am – 11:15 pm</u>	<u>11:30 am – 1:00pm</u>	<u>1:15 pm – 2:45 pm</u>
<input type="checkbox"/> English 9	<input type="checkbox"/> English 8	<input type="checkbox"/> English 10	<input type="checkbox"/> English 9
<input type="checkbox"/> English 10	<input type="checkbox"/> English 9	<input type="checkbox"/> Global I	<input type="checkbox"/> English 11 (R)
<input type="checkbox"/> Social Studies 8	<input type="checkbox"/> Global I	<input type="checkbox"/> U.S. History (R)	<input type="checkbox"/> Global II (R)
<input type="checkbox"/> Global I	<input type="checkbox"/> Global II (R)	<input type="checkbox"/> Algebra (R)	<input type="checkbox"/> Algebra 1B (R)
<input type="checkbox"/> Algebra 1A	<input type="checkbox"/> Algebra 1B (R)	<input type="checkbox"/> Biology (R)	<input type="checkbox"/> Algebra (R)
<input type="checkbox"/> Biology (R)	<input type="checkbox"/> Biology (R)		

Authorization must be given by building principal and guidance counselor:

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Student will be attending for the following reason(s):

- Failed the course
- Failed the Regents exam
- Failure to meet NYS standards on 8th grade Assessments
- Teacher recommendation
- Parent request

Biology Lab Hours (if applicable)

E. Science Lab score (if applicable)

Does the student have an IEP or 504? Yes (please list testing modifications below) No

✓ _____
Principal Signature Date

✓ _____
Guidance Counselor Date

Student Name _____

Medical Information

Medical Insurance Carrier _____ Policy Number _____

Physician's name _____ Phone # _____

Is your child currently taking medication? If yes, please list.

No

Yes: _____

Please list any information we need to know about your child's medical background, allergies, etc.

Please sign the authorization below:

If I can not be reached, my signature below authorizes Wappingers Central School District personnel to approve emergency medical treatment for my child. This authorization does not cover any type of non-emergency treatment.

✓ _____
Parent/Guardian Signature Date

Please sign the statement of agreement below:

I agree to abide by the WCSD Code of Conduct (available for review at www.wappingersschools.org) and take responsibility for supporting and enforcing the rules and regulations therein. **I am also aware of the attendance requirement (limited to 2 absences for emergency/illness only) and agree to support and insure my child's attendance in summer school on time each day.**

✓ _____
Parent/Guardian Signature Date

✓ _____
Student Signature Date

Registrations are due no later than July 1st. They may be mailed to the Office of Administration at the address below or brought in person to the same office any time prior to July 1st.

**WCSD Summer School
167 Myers Corners Rd. Suite 200
Wappingers Falls, NY 12590**

REGENTS EXAMINATION SCHEDULE

August 12 Wednesday	August 13 Thursday	August 14 Friday
7:30 am	7:30 am	7:30 am
	Comprehensive English: Session 1 Integrated Algebra Geometry Mathematics B RCT in Writing	Comprehensive English: Session 2 RCT in Global Studies* RCT in Mathematics* RCT in Science*
11:30 am	11:30 am	
Global History & Geography U.S. History & Government	Living Environment Physical Setting/Earth Science Physical Setting/Chemistry RCT in Reading RCT in US History & Government*	

*Available in Restricted Form only.

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REGENTS RESERVATION FORM – Due July 1, 2009

Office Use Only

Coordinators' Approval
(please initial as applicable):

_____ C. Levy
 _____ T. Mensch
 _____ J. DiDonato
 _____ M. Wadkins

Student Name: _____

School: _____

Enclosed is the \$10 registration fee (non-WCSD students only).

I intend to take the following exam(s):

- | | |
|---|---|
| <input type="checkbox"/> Comprehensive English | <input type="checkbox"/> U.S. History & Government |
| <input type="checkbox"/> Integrated Algebra | <input type="checkbox"/> Living Environment |
| <input type="checkbox"/> Geometry | <input type="checkbox"/> Physical Setting/Earth Science |
| <input type="checkbox"/> Mathematics B | <input type="checkbox"/> Physical Setting/Chemistry |
| <input type="checkbox"/> Global History & Geography | <input type="checkbox"/> RCT in _____ |

Parent signature

Student signature