

ALTOONA AREA HIGH SCHOOL SUMMER SCHOOL REGISTRATION 2018

REMEDIAL COURSE

Monday, June 11th through Tuesday, June 26, 2018 - 1st Session

Thursday, July 5^h through Friday, July 20, 2018 - 2nd Session

All classroom hours: 7:30 am to 12:30 pm

Student Name: _____ Student ID: _____

Grade: _____ (*grade you were in during 2017-2018 school year*)

School: _____ (*during 2017-2018 school year*)

School address if not AAJHS or AAHS: _____

Parent Name: _____

Home Address: _____

Home Telephone Number: _____

Emergency Telephone Number: _____

I understand that any absence (even medical) or tardiness will result in my not receiving credit for the summer course(s). **I understand** that any violation of school rules will result in my removal from the Summer School program. **I understand** that there can be no refund of money if I fail to complete the course satisfactorily for any reason or if I am dismissed from the course. **I understand** that vacations, trips, etc., cannot be accommodated. Decisions by the Principal are final and there are no appeals.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

Student Name: _____

I am enrolling in the following **Remedial Course(s)**:

Remedial Credits can only be awarded for courses that were completed according to the school standards and failed.

All courses WILL NOT be offered each session. Courses offered for 1st or 2nd session will be based on availability of staffing and sufficient enrollment to cover costs.

Time: 7:30 – 12:30 pm.

Cost: AAHS Student: \$75.00

Non -AAHS Student: \$150.00

<u>Course</u>	<u>Session 1 or 2</u>	<u>Cost</u>
<input type="checkbox"/> Basic English 9, 10, 11, 12	_____	\$ _____
<input type="checkbox"/> Basic American Studies	_____	\$ _____
<input type="checkbox"/> Basic World Studies	_____	\$ _____
<input type="checkbox"/> Basic Civics	<u>1 only</u>	\$ _____
<input type="checkbox"/> Basic Science	<u>1 only</u>	\$ _____
<input type="checkbox"/> Basic Mathematics	_____	\$ _____
<input type="checkbox"/> Applied Algebra I	_____	\$ _____
<input type="checkbox"/> Applied Algebra II	_____	\$ _____
<input type="checkbox"/> Applied Geometry	_____	\$ _____
<input type="checkbox"/> Physical Education AM (8:30-11:00 am)	<u>1 & 2</u>	\$ _____
<input type="checkbox"/> Physical Education PM (1:00 - 3:30 pm)	<u>1 only</u>	\$ _____
<input type="checkbox"/> Health	<u>1 only</u>	\$ _____
<input type="checkbox"/> Keystone Math (\$25.00)	<u>1 only</u>	\$ _____
<input type="checkbox"/> Keystone Reading/Writing (\$25.00)	<u>1 only</u>	\$ _____

This student failed the following course(s) and has not previously received **Remedial Credit**. This student did complete the course according to Attendance Standards established by the school.

1) _____ 2) _____

Counselor's Signature

Date

This section to be completed by students from Altoona Area Junior High School and Altoona Area High School (grades 9, 10, 11, 12). Please list the course(s) you want added to your schedule for the 2018-2019 school year. You must select the same number of courses and/or credits as you are completing in Summer School.

1. _____

2. _____