

Summer School General Information

Some course offerings will be contingent on enrollment.

English and Integrated Algebra will be held at:

6/15 – 7/24 Springfield High School 2966 Sanitarium Road

Physical Education will be held at:

6/15 – 7/24 Spring Hill Junior High School 660 Lessig Avenue

Attendance:

Good attendance is essential in a summer school program. Students who miss more than the allowable limit of absences will NOT be awarded credit for the course. The limit is 4 instructional hours per session, 2 hours per session for physical education. Punctuality is also expected, and 3 tardies will equal an absence of 1 instructional hour. Students arriving 1-10 minutes after class begins are considered tardy. Class time missed for disciplinary infractions will also be counted against the four (4) hour limit.

Refund:

Minimum class enrollment is 15 students. **Classes that do not have 15 students on Wednesday, June 10 may be cancelled.** Students will be notified of cancellation and tuition will be returned by mail. For information regarding registration, contact Mrs. Janet Baker, Springfield Local Schools, 330-798-1111 ext. 545008.

There will not be a refund of tuition if a student is dismissed from school for behavior or attendance problems. **All fees are nonrefundable once class begins.**

General Summer School questions can be directed to
Michelle Hanna at Springfield High School
(330) 798 – 1002 ext. 545163
sp_hanna@springfieldspartans.org



Summer School Courses

June 15 – July 24, 2009

8:00 a.m. – 12:00 p.m. Daily

Semester I June 15 – July 3, 2009

Semester II July 6 – July 24, 2009

Basic English (Grades 9-12)

4 hours/day	15 days = ½ credit
	30 days = 1 credit

In-District*

Fee \$85.00
Fee \$170.00

Out-of-District*

\$90.00
\$180.00

Integrated Algebra (Grades 9-12)

4 hours/day	15 days = ½ credit
	30 days = 1 credit

Fee \$85.00
Fee \$170.00

\$90.00
\$180.00

PHYSICAL EDUCATION (Grades 9-12)

4 hours/day	15 days = ¼ credit
-------------	--------------------

Fee: \$120.00	\$130.00
---------------	----------

*The cost of swimming and bowling is included in tuition.
PE classes will meet at Spring Hill and at activity locations off campus.*

**Please Note: In-District is Springfield Local Schools Students,
while Out-of-District is a student from any other district.*

SPRINGFIELD LOCAL SCHOOLS
REGISTRATION FORM 2009

EMERGENCY MEDICAL AUTHORIZATION FORM

School _____
Student Name _____
Address _____
Telephone _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN

Mother's Name _____ Daytime Phone _____
Father's Name _____ Daytime Phone _____
Other's Name _____ Daytime Phone _____
Relative or Childcare Provider _____ Relationship _____
Address _____ Phone _____

PART I or PART II MUST BE COMPLETED

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Signature of Parent/Guardian _____ Date _____
Address _____

PART II – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian _____ Date _____
Address _____

Registration Form (Please Print)

Name: _____

Date of Birth: _____

Home Phone: _____

Daytime Phone: _____

Address: _____

City: _____ Zip: _____

Grade just completed: _____

School District: _____

Present School: _____

School Enrolled Fall 2009: _____

(this is where grades will be sent)

Counselor's Signature: _____

Consult your counselor before registration.

Semester I _____ Grade _____ Subject _____

Semester II _____ Grade _____ Subject _____

Home School Principal's Signature
(Required – This signature certifies that the home school will accept credit earned.)

Mail completed form and **money order** (made payable to Springfield Local Board of Education) to arrive no later than **WEDNESDAY, June 10, 2009.**

Springfield Local Board of Education
2960 Sanitarium Road
Akron, Ohio 44312
Attn. Janet Baker

Registration may be done in person with Janet Baker, at the board office, between the hours of 8-3.

PERSONAL CHECKS WILL NOT BE ACCEPTED.