



## 2017 Summer High School Failed Coursework Pre-Qualification Form

**This is a Pre-Qualification Form.** Your child has been recommended as a possible candidate to participate in the 2017 Failed Coursework.

- Program:** Failed Coursework
- Eligibility:** Failed Courses is for students in grades 9 - 12 who **FAILED** ½ to 2 credits.
- Program Dates:** **June 12 – July 21, 2017**  
 1<sup>st</sup> semester - June 12 – 30  
 2<sup>nd</sup> semester – July 3 – July 21
- Times:** 8:30 AM – 11:15 AM and/or 11:45 - 2:30 PM
- Sites:** *Central HS, Craigmont HS, Ridgeway HS, Southwind HS, Whitehaven HS*
- Courses:** Algebra I, Algebra II, Geometry, Advanced Algebra/Trigonometry, Bridge Math, Biology, Chemistry, English 9, English 10, English 11, English 12, U.S. History, World History, Spanish I, Spanish II, Algebra IA, Algebra IB, Geometry IA, Geometry IB, Biology IA, Biology IB
- Cost:** Free for District Managed SCS students
- Requirements:** Students are required to follow the Summer School policies regarding attendance, code of conduct, and dress code. Parents must agree to these requirements for students to participate in the program.

**Registration Dates:**

Registration will be held at the **Summer School Sites.**

12 <sup>th</sup> Graders <b>ONLY</b>	Mon., June 5	8:00 AM – 3:00 PM – District Managed SCS students
11 <sup>th</sup> Graders <b>ONLY</b>	Tues., June 6	8:00 AM – 3:00 PM – District Managed SCS students
10 <sup>th</sup> Graders <b>ONLY</b>	Wed., June 7	8:00 AM – 3:00 PM – District Managed SCS students
9 <sup>th</sup> Graders <b>ONLY</b>	Thurs., June 8	8:00 AM – 3:00 PM – District Managed SCS students
All Grades	Fri., June 9	8:00 AM – 3:00 PM – SCS, Charter, and Non-SCS students

Parents will need to bring a copy of this **form** and a copy of the student's **report card or student transcript** to registration on one of the dates listed above. These forms will not be returned, so please have a copy available that you can leave with the Summer Site. **Students must register on the date assigned based on their 2016-17 school year grade level.**

Parent (s) or Guardian (s) Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Student's Grade Level \_\_\_\_\_ Student Date of Birth \_\_\_\_\_ Alt phone # \_\_\_\_\_

Current School \_\_\_\_\_ School phone # \_\_\_\_\_

Does the student have a 504? (Y) (N) What is the 504 for? \_\_\_\_\_

Does the student have an IEP? (Y) (N) Schools will need to include a copy of the IEP

Does the student use medical equipment? (Y) (N)

If yes, list equipment: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_