

KENT CITY SCHOOLS



ONLINE REGISTRATION

Visit www.kentschools.net/summerschool
Deadline is Wednesday, May 22 at 12:00 a.m.

**Walk-in Registration: Thursday, May 23 will be at
ROOSEVELT HIGH SCHOOL LIBRARY
3:00 p.m. – 6:00 p.m.
330-676-8700**

**Late Walk-in Registration: Tuesday, May 28 will be at
STANTON MIDDLE SCHOOL LIBRARY
7:30 a.m. – 11:00 a.m.**

2019 SUMMER SCHOOL PROGRAM

The following is a description of the **2019 Summer School Program**. All courses require payment of a tuition fee, and all work satisfactorily completed and certified receives official school credit. Students from Kent and neighboring communities may register.

PURPOSE: One of the purposes of Summer School is to provide an opportunity for students to repeat or review a subject in which their achievement has been unsatisfactory. Before a student residing outside the Kent City Schools District can enroll for credit, a letter of approval from the student's high school must be received on or before Thursday, May 16, 2019, by Carla Ferrell, Summer School Coordinator.

Summer School also provides an opportunity for students to do **advance** work. Before a student residing outside the Kent City Schools District can enroll for advanced credit, a letter must be received on or before Thursday, May 16, 2019, by Carla Ferrell, Summer School Coordinator, indicating that the student's previous achievement has been high enough to warrant advanced study.

GRADE LEVELS: Nine through twelve.

LOCATION: STANTON MIDDLE SCHOOL



MAIL-IN REGISTRATION INFORMATION



Need a class? Avoid waiting in lines! Register by U.S. mail.

Classes are filled on a first-come, first-served basis. In order to secure a place in the class of your choice, please fill out the attached Registration Form and Emergency Medical Authorization Form (EMA) and mail with full payment to:

**Summer School Registration
Kent City Schools
c/o Theodore Roosevelt High School
1400 N. Mantua Street
Kent, OH 44240**

Pre-registrations need to reach us by Thursday, April 25, 2019. In the event a class is not offered due to lack of enrollment, a full refund will be made. **STUDENTS WILL NOT BE PRE-REGISTERED FOR CLASSES UNLESS FULL PAYMENT AND THE COMPLETED EMERGENCY MEDICAL AUTHORIZATION FORM ACCOMPANY THE REGISTRATION FORM.** If a class is filled, your name and number will be placed on a waiting list, and your registration will be returned to you. To confirm your registration has been accepted, you may call 330-676-8700 after Thursday, April 25, 2019.

All students should meet in the Stanton Library on Tuesday, May 28, 2019, at 8:00 a.m.

| COURSES | UNITS OF CREDIT | GRADE LEVEL |
|---|-----------------|-------------|
| (This list is not all-inclusive and additional courses may be offered. Please contact the summer school coordinator for additional details.) | | |
| *Algebra I | 1 | 9-12 |
| Algebra IA | 1 | 9-12 |
| Algebra IB | 1 | 9-12 |
| Algebra II | 1 | 9-12 |
| *Geometry | 1 | 9-12 |
| *Integrated Math I, II, III, IV | 1 | 9-12 |
| American Government | 1 | 11-12 |
| U.S. History | 1 | 10-12 |
| World History | 1 | 9-12 |
| English 9 | 1 | 9-12 |
| English 10 | 1 | 10-12 |
| English 11 (3- to 6-week course) American Lit Focus | 1/2-1 | 11-12 |
| English 12 (3- to 6-week course) British Lit Focus | 1/2-1 | 12 |
| Health (two, 3-week courses; 5/28 – 6/13 or 6/17 – 7/5) | 1/2 | 10 |
| Physical Education (two, 3-week courses; 5/28 – 6/13 or 6/17 – 7/5) (Classes are from 8:00 – 11:00 a.m. with additional outside requirements) | 1/4 | 9-12 |
| Biology | 1 | 9-12 |
| Earth Science | 1 | 9-12 |
| Physical Science | 1 | 9-12 |

Students in the Class of 2019, and beyond, are required to take seven end-of-course exams as part of the new Graduation requirements. The courses in **bold** have exams that contribute to eligibility for graduation. Students completing one of these courses are encouraged to take the EOC exams during the summer. Additional information will be provided. Tutorials for the test can also be made available for interested students.

*It is strongly recommended that summer school Math be taken either for remediation or enrichment and not to meet prerequisites for subsequent courses.

We will be using the APEX online digital curriculum to better serve you, giving students a wider variety of course selection. Certified teachers work alongside students for assistance and support. Each student is required to meet daily (see schedule), from 8:00 – 10:30 a.m., with the teachers as well as complete logged hours and assignments for the program online from home or outside of the classroom. All assessments will be during the teacher contact time. Students are permitted and encouraged to bring in their own laptop to make positive use of the teacher contact time, which is a critical part of the learning process. Teachers are available until 11:00 a.m. for additional help.

Any questions before May 28th, please contact Carla Ferrell, Summer School Coordinator, at 330-676-8700. Beginning May 28th, please contact the Stanton Middle School Summer School Office at 330-676-8630.

TUITION

Students attending the Kent School District or Six District Educational Compact Schools*:

| | |
|-------------------------|----------|
| One Full Credit | \$320.00 |
| Up to Half-Credit | \$160.00 |
| Improvement | \$160.00 |

Out-of-District and Non-Compact Students:

| | |
|-------------------------|----------|
| One Full Credit | \$330.00 |
| Up to Half-Credit | \$165.00 |
| Improvement | \$165.00 |

ALL FEES MUST BE PAID AT THE TIME OF REGISTRATION, THURSDAY, MAY 23, 2019. CHECKS SHOULD BE MADE PAYABLE TO KENT CITY SCHOOLS. STUDENTS ATTENDING COMPACT SCHOOLS SHOULD PAY THE SAME FEES AS STUDENT'S RESIDING IN KENT.

*Six District Educational Compact schools include – Cuyahoga Falls, Hudson, Kent, Stow-Munroe Falls, Tallmadge, and Woodridge.

REFUNDS: Students who withdraw from summer school before any classes begin will receive a full refund of their tuition. **The office must be notified before the first day of classes.** After the first day of classes, ½ of the tuition will be refunded, and after three days, no refund will be made.

CLASS LOAD: No more than one credit of work may be taken unless authorized by the student's school counselor and the Summer School Coordinator.

DATES OF TERM: Open Registration at Roosevelt High School – Thursday, May 23, 3:00 p.m. to 6:00 p.m.
Late Registration at Stanton Middle School – Tuesday, May 28, 7:30 to 11:00 a.m.
(Students will begin class that day as well)

| | |
|-----------------|---|
| May 28 – 31 | Tuesday – Friday |
| June 3 – 6 | Monday – Thursday |
| June 10 – 13 | Monday – Thursday |
| June 17 – 20 | Monday – Thursday |
| June 24 – 27 | Monday – Thursday |
| July 1, 2, 3, 5 | Monday, Tuesday, Wednesday, Friday |

Mid-terms/Finals will be given on June 13th and July 5th. Students **must** be in attendance on these days to receive credit.

HOURS OF CLASSES: 8:00 a.m. to 10:30 a.m. daily; with 2 ½ hours **per day** logged computer time.
120 hours of class for each full credit of work
60 hours of class for each half-credit of work

ATTENDANCE: **NO MORE THAN 1 EXCUSED ABSENCE** per three-week course may be permitted if credit is to be granted. Work missed during any absences must be made up. Absences are limited to 1 day from 5/29 – 6/14, and 1 absence from 6/18 – 7/6. **AN ABSENCE 6/13 OR 7/5 WILL RESULT IN NO CREDIT.**

.....
Absent students need to be "called-off" by a parent no later than
9:00 a.m. (330) 676-8630, or they will be considered unexcused.
.....

SCHOOL DRESS: Regular school dress code.

SCHOOL SUPPLIES: Please bring pencils and paper.

STANDARDS OF PERFORMANCE:

High standards of performance are expected. A student who does not make proper effort to do assigned work or who is violating regulations may be dropped from classes with no refund of fees.

DISCIPLINE:

"Three strikes and you're out" program.

First offense – teacher disciplines

Second offense – parent conference in person or by phone

Third offense – principal's office – dismissal

Any gross misconduct or insubordination could lead to immediate dismissal.

Smoking is not permitted on school grounds.

There is no leaving the building during 8:00 – 10:30 a.m. for any reason.

GAMING:

Any student caught gaming during contact time from 8:00 – 10:30 a.m. will be immediately removed from summer school without credit or refund.

CELL PHONE/COMPUTER USAGE

Cell phones and headphones are prohibited during summer school hours. Consequences can result in confiscation of the cell phone/headphones OR the student may be sent home for the day.

Computer usage may only be used for the APEX website during summer school hours. Any student who uses any other website during summer school hours constitutes cheating and will be immediately dismissed resulting in no credit and will not be issued a refund.

DRIVING REGULATIONS:

Any student who drives to school must park in the **main lot** and register his/her car and license with the summer school coordinator. Board of Education regulations stipulate that "student-operated vehicles shall be used the minimum necessary for transportation to and from school. All student vehicles shall remain parked throughout the entire school day." Students must have permission to return to their car during the school day. Students are not permitted to leave the school building during school hours.

SUMMER SCHOOL COORDINATOR: Carla Ferrell, Summer School Coordinator
Roosevelt High School – 330-676-8700
Stanton Middle School – 330-676-8630, beginning May 28th

KENT CITY SCHOOLS
2019 Summer School Registration Form

Course: _____

Grade Completed: _____
(By May)

Student Name: _____

Date: _____

Address: _____

City/Zip: _____

Parent/Guardian Name(s): _____

Phone: _____

Alternate Contact Person: _____

Phone: _____

License Plate # (if driving): _____ Car Description: _____

School to be notified of credit/grade: _____

Address: _____

City/Zip: _____

(Please check all that apply)

Full Credit _____ Up to Half-Credit _____ Improvement _____

1st Session (5/28-6/13) _____ 2nd Session (6/17 – 7/5) _____

Authorization to attend: _____ Date submitted to PRC _____

(Please do not write below this line)

Full Credit \$ _____

Fee Paid \$ _____

Up to Half-Credit \$ _____

Date: _____

Improvement \$ _____

Receipt No: _____

Authorized Initials _____

(Fees: Six District Educational Compact Schools: \$160.00 or \$320.00)

(Fees: Out-of-District Schools: \$165.00 or \$330.00)

KENT CITY SCHOOLS EMERGENCY MEDICAL AUTHORIZATION

This form is the school's only way of arranging emergency treatment for your child. Please help us help your child by filling out completely and legibly. If any information changes during the school year, please contact the school immediately.

| | | |
|---|-------------------------------|--------------------------|
| Child's Name _____ | School D H L W SMS RHS | Grade _____ |
| Address _____ | Parent/Guardian Name #1 _____ | |
| | Parent/Guardian Name #2 _____ | |
| Primary Phone Number _____ | Home Cell (Circle One) | Date of Birth _____ |
| Email Address(es) _____ | | |
| Medical Conditions: _____ | | |
| Allergies: _____ | | |
| Current Medications: _____ | | |
| <i>If medication is required to be administered during school hours, please download & complete medication form(s) at: kentschools.net/forms</i> | | |
| Child resides with (circle all that apply): Mother Father Stepmother Stepfather Grandparent Guardian Other _____ | | |
| Other children residing in the home: | | |
| Name _____ | DOB _____ | School _____ Grade _____ |
| Name _____ | DOB _____ | School _____ Grade _____ |
| Name _____ | DOB _____ | School _____ Grade _____ |
| Name _____ | DOB _____ | School _____ Grade _____ |

In case of emergency, only those adults listed below will be contacted in order until someone has been reached.

| Adult's Name | Relationship to Child | Daytime Phone Number | Number is at: |
|-----------------------|-----------------------|----------------------|----------------|
| 1 st _____ | Parent/Guardian | _____ | Home Work Cell |
| 2 nd _____ | _____ | _____ | Home Work Cell |
| 3 rd _____ | _____ | _____ | Home Work Cell |
| 4 th _____ | _____ | _____ | Home Work Cell |
| | | | Home Work Cell |

PLEASE COMPLETE THIS SECTION AND SIGN BELOW – FORM IS VALID ONLY WITH SIGNATURE!

CONSENT FOR TREATMENT:

In the event reasonable attempts to contact authorized persons above have been unsuccessful, I hereby give my consent for:
 (1) the administration of any treatment deemed necessary by my child's doctor(s) named below 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.

| | |
|--------------------------------|---------------------|
| Doctor _____ | Phone Number: _____ |
| Other Medical Specialist _____ | _____ |
| Dentist _____ | _____ |
| Preferred Local Hospital _____ | _____ |

Please check ONE box and sign below:

I give consent for treatment as described above.

I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I want the school authorities to take the following action: _____

Signature of Custodial Parent/Guardian _____ Date _____

