

Sayreville Public Schools
PO Box 997 Sayreville, NJ 08871
Sayreville Credit Completion Summer School Registration Form
(Print or Type All Information)

Student's Name: _____ DOB: _____ M or F
 (Last Name, First Name)

Grade Completed as of 6/30/17: _____ Home Telephone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

School Attended: _____ School Address: _____

Guidance Counselor: _____ Guidance Telephone: _____

Sayreville Student

Out-of-District Student

Parent/Guardian Name: _____ Work Telephone: _____

Cell Phone: _____

Emergency Contact: _____ Emergency Telephone: _____

Does this student have any current medical conditions? Yes No

If yes, please specify (if necessary, attach additional page): _____

SUMMER COURSE(S) TO BE TAKEN: (Please check box(es) for your request(s) below)

- | | | | | | | |
|-------------------------------------|------------------------------------|--|--|---|---|---|
| <input type="checkbox"/> Math 6 | <input type="checkbox"/> Science 6 | <input type="checkbox"/> English/Language Arts 6 | <input type="checkbox"/> World History | 6 | 7 | 8 |
| <input type="checkbox"/> Math 7 | <input type="checkbox"/> Science 7 | <input type="checkbox"/> English/Language Arts 7 | <input type="checkbox"/> US History | 6 | 7 | 8 |
| <input type="checkbox"/> Math 8 | <input type="checkbox"/> Science 8 | <input type="checkbox"/> English/Language Arts 8 | <input type="checkbox"/> World Geography | 6 | 7 | 8 |
| <input type="checkbox"/> Algebra IA | | | | | | |
| <input type="checkbox"/> Algebra I | | | | | | |

------(TO BE COMPLETED BY GUIDANCE OR SUMMER SCHOOL SUPERVISOR)-----

SUMMER SCHOOL REGISTRATION CONFIRMATION

*Room assignments will be given the first day of summer school (July 3rd); **Arrive 10 minutes earlier on that day.**

If insufficient enrollment in a particular course occurs, the course may not be offered. This form is required to be signed by a Counselor or Supervisor before a student may be admitted to a course in the Sayreville Summer School Program.

Sayreville Public Schools reserves the right to dismiss any student, at any time, for academic or disciplinary reasons.

Students and parents are required to read and sign the Conduct Contract on the opposite side of this form.

Tuition fees WILL NOT be refunded in the event of dismissal for academic, attendance or discipline infractions.

I have read and understand the course requirements printed in the summer school brochure. I also understand that I must pass the course with the minimum score determined by the Sayreville Board of Education. (The student's district Board of Education will receive the numerical grade and make the determination for awarding of district credit.)

 Student Signature

 Parent/Legal Guardian Signature

 Supervisor/Counselor Name (Print/Type)

 Supervisor/Counselor Signature

DATE: _____ PAYMENT: \$ _____ CASH: CHECK*: MONEY ORDER*: CASHIER'S CHECK*:

RECEIVED BY: _____

Conduct Contract

Please read the following very carefully. **No registration application will be accepted without proper signatures to this contract.** School Policy, as stated in the Sayreville Student Code of Conduct, will be enforced.

Attendance:

Mandatory attendance is 22 days for all courses. **Students will be dismissed from a course without credit or tuition reimbursement if he/she is:**

- **Absent more than two days* OR**
- **Exceeds more than FOUR tardy arrivals* OR**
- **Exceeds combination – one absence, two tardy arrivals**

***Tardy Twice** (a tardy is an arrival within the first 10 minutes of class) will equal **one absence**. Any arrival to school after the class has been in session for more than 10 minutes will be considered an absence. In isolated cases, absences for extenuating circumstances may be appealed to the Summer School Supervisor.

Dress Code:

Attire should be in good taste. All students must maintain a neat, clean appearance at all time. Dress and/or appearance that detract from the educational process is not permitted. This includes, but is not limited to:

1. Shoes or sandals must be worn at all times.
2. No cut-offs, halters, or midriffs are permitted.
3. No hats or bandannas are to be worn in the building.

Behavior:

Students are expected to exercise good self-control and conduct themselves in a manner conducive to learning at all times. Inappropriate behavior will result in **DISMISSAL** from the program.

1. **SMOKING** in the building or on school grounds is strictly forbidden. Any infraction of this rule will result in **DISMISSAL** from the program.
2. **FIGHTING** in school or on school grounds will result in immediate **DISMISSAL**.
3. **POSSESSION** or **USE** of any products that are **ILLEGAL, UNLAWFUL**, considered **DANGEROUS** is strictly forbidden and will result in immediate **DISMISSAL**.
4. Cellular phones, headphones, MP3 players, or any type of recorders/players **are not permitted on the school property. Violation of this policy will result in confiscation of these items, which will be returned to parents only.**
5. Students are discouraged from bringing food and beverages into the school building.
6. Students are not allowed to wander in the halls. They are to stay in the classrooms until dismissed by the teachers at the end of the session.

School Entrance:

Students will enter the Sayreville Middle School through the Main Entrance. Students will exit the building, at the end of the session, by way of the same entrance and if necessary, wait on the sidewalk for their transportation home.

Students must be picked up by a parent/guardian within 10 minutes of dismissal.

We have read the CONDUCT CONTRACT and fully understand and agree to the terms and conditions herein.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Sayreville Credit Completion Summer School Emergency Information

Student's Name: _____
(Last) (First) (MI)

Parent/Guardian's Name: _____ Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian's Name: _____ Phone: _____

Employer: _____ Work Phone: _____

Name of others authorized to pick up your child: _____

WALK/BIKE WAIVER:

My child may leave Sayreville Middle School unaccompanied. _____
Parent/Guardian Signature

List two people to contact in an emergency when a parent or guardian cannot be reached:

Name: _____ Name: _____

Phone: _____ Phone: _____

Medical Information & Authorization

Physician: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Does child have allergies or intolerance to food, medication or any other substances? ____ No ____ Yes

If yes, please state substance and action to take in an emergency:

List current medical problems and/or pertinent developmental information:

The **Sayreville Public Schools Summer Program** or its representative has my permission, in an emergency when I cannot be immediately located, to provide emergency medical attention and, if necessary, to transport my child at my expense to the emergency room of the nearest hospital. The hospital and medical staff have my permission to provide treatment that is deemed necessary for the well-being of my child.

Parent/Guardian Signature _____ Date: _____