

## ATTENDANCE POLICY

Students are expected to attend all classes and complete all homework assignments in order to receive academic credit for the course. Only two absences are allowed in summer school. More than two absences will result in dismissal or denial of credit.

### LATENESS:

Students are required to arrive on time for all classes. A student who is 1-10 minutes late will count as one late. Two late arrivals equal one absence. However, a student who is over 10 minutes late will count as one absence.

## DISCIPLINE

Student regulations require serious study habits, proper conduct, appropriate dress and good citizenship. Students will adhere to Sayreville Board of Education rules and regulations pertaining to student discipline policies. Sayreville Board of Education reserves the right to dismiss any student, at any time, for academic or disciplinary reasons. Tuition fees WILL NOT be refunded in the event of a dismissal for academic, attendance, or discipline infractions.

## GRADES

Final grades will be issued at the end of the Summer School program.

# Sayreville Credit Completion Summer School Program

Sayreville Middle School  
800 Washington Road  
Parlin, NJ 08859  
732-525-5290



# Sayreville Credit Completion Summer School Program

July 8 – August 15, 2019  
(Monday—Thursday)  
(Courses: 2 hrs. 30 min.)

Session I: 7:50 AM - 10:20 AM  
Session II: 10:30 AM - 1:00 PM



For More Information Contact:  
Dr. Marilyn Shediack  
marilyn.shediack@sayrevillek12.net  
Phone: 732-525-5226

## SUMMER SCHOOL INFORMATION

## REGISTRATION PROCEDURES

## TUITION COSTS

(ALL COURSES OFFERINGS ARE SUBJECT TO ENROLLMENT)

### MIDDLE SCHOOL PROGRAM

#### GRADES 6 - 9

**Dates:** July 8, 2019 - August 15, 2019

#### **60 Hour Program: (24 Days)**

Classes are 2 hours 30 minutes each day,  
**4 days each week (Mon.-Thurs.) \*\***

**\*\*Except first week (Mon, Tues, Thu, Fri.)**








#### **2 sessions per day:**

Session I: 7:50 AM - 10:20 AM

Session II: 10:30 AM - 1:00 PM

*(Session assignments to be determined by  
supervisor based upon enrollment)*

#### **COURSES**

-  Grades 6 - 8 Math
-  Algebra 1 & Algebra 1A
-  Grades 6 - 8 Science
-  Grades 6 - 8 English/Language Arts
-  Grades 6 - 8 World History
-  Grades 6 - 8 US History
-  Grades 6 - 8 World Geography

#### **Please Note:**

- ➔ These courses are for students who have failed a subject during the school year and need to receive credit.

**The registration packet, is available at our district website: [www.sayrevillek12.net](http://www.sayrevillek12.net)**

#### **Mail-In Registration:**

Sayreville Public Schools  
P.O. Box 997  
Sayreville, NJ 08871  
Attn: Dr. M. Shediack

#### **In-Person Registration:**

Sayreville Board of Education  
Selover School  
150 Lincoln Street  
South Amboy, NJ 08859

#### **In-Person Registration Hours:**

**(Monday—Friday)  
June 10th - June 28\*  
8:30 am - 3:00 pm**

**\* Late registration after June 28th + \$20**

Insufficient enrollment in a course will necessitate cancellation. Students and parents will be notified no later than July 1st in the event of a course cancellation and any tuition paid for a cancelled class will be refunded.

#### **PAYMENT**

Include completed application (Supervisor/  
Guidance Counselor signature required) with  
registration materials.

CASH, CHECKS, MONEY ORDERS, OR CASHIER'S  
CHECKS WILL BE ACCEPTED

#### **REFUND POLICY**

**No refunds will be given once the class begins.  
A \$25 Administrative Fee will be imposed on  
any checks returned by the bank.**

Each Course/Each Session

**\$435 - Sayreville Students**

**\$485 - Out-of-District Students**

**Late registration after June 28th + \$20**

**FULL PAYMENT IS DUE AT  
THE TIME OF REGISTRATION.**

Make check or money order payable to:  
**Sayreville Board of Education.** Please  
note, Personal Checks will not be  
accepted after June 28, 2019.

#### **ROOM ASSIGNMENTS**

Arrive 10 minutes earlier on July 8th for  
posted room assignments.

All Classes will be held at:  
**Sayreville Middle School**  
800 Washington Road  
Parlin, NJ 08859  
732-525-5290

#### **TRANSPORTATION**

You must provide your own  
transportation to and from summer  
school.

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

**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 6/30/19: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Attended: \_\_\_\_\_ School Address: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Guidance Telephone: \_\_\_\_\_

Sayreville Student

Out-of-District Student

\*\*\*\*\*

Parent/Guardian Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Alt 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 8th); **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: \_\_\_\_\_