

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 6/30/20: _____ 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"/> Math 7 | <input type="checkbox"/> Science 7 | <input type="checkbox"/> English/Language Arts 7 |
| <input type="checkbox"/> Math 8 | <input type="checkbox"/> Science 8 | <input type="checkbox"/> English/Language Arts 8 |
| <input type="checkbox"/> Algebra IA | | |
| <input type="checkbox"/> Algebra I | | |

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

SUMMER SCHOOL REGISTRATION CONFIRMATION

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

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

RECEIVED BY: _____ # _____ # _____ # _____

