

GST BOCES High School Summer School 2018 STUDENT GUIDELINES

Innovation in creating student success through cooperative services

Hello and welcome to GST BOCES REGIONAL SUMMER SCHOOL Grades 9–12! Although it is not the regular school year, there are still several guidelines that we must adhere to during the summer months. **Students must return pages 1-3 to finalize their summer school registration!**

1. ATTENDANCE IS MANDATORY! Summer school runs from Monday, July 9th –Wednesday, August 15th with NYS Regents/RCT exams scheduled for August 16th and 17th. Please plan accordingly! Due to the attendance-based nature of summer school, we will not be scheduling around family vacations, summer camps for sports or any other schedule conflict. There will be no distinction between excused and unexcused absences. Three tardies will equal one absence. A student may miss two days of any one class. On the third/fourth day of absence from that class, depending on the home school's attendance policy, BOCES will recommend that the student not be given credit for the class taken. The student may attend summer school and continue to review and learn even if loss of credit is recommended. Final decisions on granting of credit lie with the home school. There will be NO MAKE-UP work in academic classes. Documented major medical issues will be considered depending on the days missed.

Athletic or other camps, vacations or any other reason for missing school are unacceptable.

- 2. **ACTIVE PARTICIPATION WILL BE EXPECTED**. It is necessary for all students to take an active role in class and complete all work. Failure to do so will result in a poor grade and/or removal from summer school.
- 3. **APPROPRIATE BEHAVIOR IS ESSENTIAL.** Any violation of school or classroom rules of conduct will result in the student being sent home for the day. A second violation will warrant the student's permanent removal from summer school. Fighting will result in the immediate permanent removal from summer school. All behavior shall be in accordance with the Horseheads Central School District/Elmira City School District/Elmira Heights School District Code of Conduct and Disciplinary Policy.
- 4. **TRANSPORTATION/SCHEDULE:** Classes begin at 8:00 AM and there will be 4 periods a day ending at 12:30. If students are not scheduled for a full class load, then they must be picked up by an <u>approved</u> (form is on next page) parent/guardian immediately following their last scheduled class. If not, they will be assigned to a Study Skills class for the periods they don't have classes. Elmira is providing transportation to and from Broadway Academy with an 8 am arrival and a 12:30 pm departure. All other participating school districts are NOT providing transportation.

5. All students are asked to use the designated summer school	ol entrance for drop off and pick up.
•	student handbook and I understand all requirements and gional Summer High School Grades 9-12 at Broadway Academy.
Student Signature	Date

Date

*Complete this packet and return to your guidance office. Student registration will not be finalized until this packet has been returned.

Parent Signature



Self-Driving/Walker [Y] [N]

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Graduation Year	Stuc	lent ID Number	
Student Name			
DOB	/	/	
Home School			
PARENT/GUARDIAN INFORM	MATION		
Primary Contact [Y] [N]	Relationsh	ip to Student	
Name			
Home Phone		Parent Cell	
Work Phone		Other	
Address			City
	State <u>NY</u>	Zip	
OTHER PARENT/GUARDIAN			
Primary Contact [Y] [N]	Relationsh	ip to Student	
Name			
Home Phone		Parent Cell	
Work Phone		Other	
Address			City
	State <u>NY</u>	Zip	
EMERGENCY CONTACT INFO Name			
Home Phone		Cell	
	TRAN	ISPORTATION	

Parent/Guardian Pick Up [Y] [N]

District Transportation [Y] [N]

STUDENT HEALTH FORM

^{*}When students have finished their classes for the day, they must attend a study skills class or leave campus. Students are not permitted to return to campus after they have left for the day.



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This form will be kept on file during summer school. Please notify the Summer School Health Office if the information on this form changes during the time that the student is attending summer school. If you have any questions or concerns, please call.

STUDENT NAME:						
SCHOOL DISTRICT:						
AGE: BIRT	BIRTHDATE:					
PARENT NAME:	DAYTIME PHONE:					
EMERGENCY CONTACT:	EMERGENCY NUMBER:					
MEDICAL HISTORY						
Has your child:	Yes	No	Brief Explanation			
Had any serious illness lasting more than five days?						
Been treated in the hospital in the past 30 days?						
Does your child:						
Take any medication(s)?						
Fill out the PERMISSION TO TAKE MEDICINE AT SCHOOL FOR	RM					
Have any known allergies?						
Have any chronic diseases?						
Is there any other important medical information that we sho	ould be av	ware of	? If so, please explain below.			
						
Parent Signature		Date				