



2019 High School Summer School Registration

Date Rec'd: _____
 Time Rec'd: _____
 Payment Rec'd: _____
 Initials: _____

Name: _____ Gender: _____

Date of Birth: _____ Grade (2018-19): _____

Address: _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Please note:

- Seats in classes are assigned for complete registration only. All registration forms must be complete and payment in full must accompany the registration packet. Registration packets are available at: www.ecusd7.org/summerschool/registration.
- Registration will begin at 7:30 a.m. on Tuesday, January 22, 2019 and will close Tuesday, April 16, 2019 at 4:30 p.m. All registrations received in the mail before registration begins will be mailed back to the sender.
- All registrations are accepted on a first-come, first served basis, regardless of registration deadline. (e.g., if classes fill before the registration deadline, a second class will not be opened) Parents are encouraged to register their children early.
- **Refund Policy: There is a \$50 non-refundable deposit for each course. This fee is included in the course fee. However, payment will be returned in full if the class is not held due to low enrollment or the student is wait-listed. Payment will not be refunded once the course begins.**
- Parents will receive a confirmation letter to confirm classes during the week of May 6, 2019. No information will be available before May 6.
- Parents will be notified of any cancelled classes soon after the registration deadline. Movement into a second choice course will take place only if space is available.

<p>A complete registration packet consists of:</p> <ul style="list-style-type: none"> • High School SS Registration - 2019 (This form) • Student Information Sheet • Photograph Release • Student Health Information Sheet • Complete Payment Cash or check only. Please make check payable to ECUSD7 	<p>All forms and payment may be returned to:</p> <ul style="list-style-type: none"> • Summer School Registration Hadley House 708 St. Louis Street Edwardsville, IL 62025, or • EHS Main Office, or • Lincoln or Liberty Main Office
---	--

Six Week Option: June 4 – July 17 (No School July 4) \$160 per course

7:30 a.m. – 10:00 a.m.

- _____ Civics
- _____ Global Perspectives
- _____ Medieval World History
- _____ US History (1st semester)
- _____ Consumer Education
- _____ Grammar & Composition

10:10 a.m. – 12:40 p.m.

- _____ Civics
- _____ Geography Explorations
- _____ Health
- _____ US History (2nd semester)
- _____ Research and Analysis of Sports in Literature/Literary Non-Fiction R (NCAA)

June 4 – July 17: Courses with Modified Times (No School July 4)

_____ Classroom Driver Ed	7:00 a.m. – 8:30 a.m.
_____ Classroom Driver Ed	8:35 a.m. – 10:05 a.m.
_____ Quarter PE (\$80)	7:00 a.m. – 8:30 a.m.
_____ Quarter PE (\$80)	8:35 a.m. – 10:05 a.m.

Two quarter PE sessions can be combined to earn a semester of PE credit.

June 4 – June 7: Course with Modified Time \$80 per course
10:10 a.m. – 12:10 p.m.

_____ CPR This is a non-credit course.

Three-Week Option: June 4 – June 25 \$160 per course
7:30 a.m. – 12:30 p.m.

_____ Consumer Education
_____ Civics

Limited Enrollment Courses: June 4–July 17 (No School July 4) \$160 per course

The following courses are **not** open to all students. These courses are for students wishing to recover credits for a failed course. Parents of students eligible for these courses will be notified by EHS administrators. Registration for these courses will close on May 31, 2019, at 12:00 p.m.

7:30 a.m. – 10:00 a.m.

_____ Algebra 1 (2nd semester)
_____ Geometry (semester 2)
_____ A/G 3 (semester 2)

- *Freshman Literature (semester 1)
- *Freshman Literature (semester 2)
- *Sophomore World Literature (semester 1)
- *Sophomore World Literature (semester 2)

10:10 a.m. – 12:40 p.m.

Algebra 2 (semester 2)
Geometry (semester 1)
*Jr. American Literature (semester 1)

Absence Policy: If a student accumulates *four absences* (excused or unexcused) or *five tardies* (excused or unexcused), the student will receive a grade of “F,” will earn no credit, and will be dropped from the class with no refund.

Refund Policy: There is a \$50 non-refundable deposit for each course included in the course fee, however, payment will be refunded in full if the class is not held due to low enrollment or the student is wait-listed. Payment will not be refunded once the course begins.

**Classroom Driver
Education requirements:**

- Completed 9th grade
- Successfully passed four, year-long HS courses
- Age fifteen by: July 17, 2019
- No Cost

Edwardsville Community Unit School District 7

Dr. Lynda Andre, Superintendent

PHOTOGRAPH RELEASE FORM

Edwardsville Community Unit School District 7 often has the opportunity to take photographs of children engaged in learning. We are requesting your permission to use such photographs of your child in our publications which includes District 7 newsletters, brochures, building newsletters, the yearbooks and other publications, the District 7 or individual school websites and in any other communication vehicles that promote the educational program of District 7.

Please check one of the following three options regarding consent to use your child’s photographs. If you do not return this form completed and signed, your child’s photograph will not be published in any District 7 publications, including the EHS yearbook or other individual school yearbooks.

Full Permission to Use Photographs _____ **I select this option**

As the parent/guardian of the above named student, I give my permission for the Edwardsville Community Unit School District 7 to use photographs of my child to illustrate the educational activities of District 7 in communications such as, but not limited to District 7 newsletters, brochures, building newsletters, the EHS yearbook or other individual school yearbooks and other publications, District 7’s website, individual school websites, print advertising and media relations documents.

Yearbook-Only Option _____ **I select this option**

As the parent/guardian of the above named student, I give my permission for the Edwardsville Community Unit School District 7 to use photographs of my child in the EHS yearbook or other individual school yearbooks. This permission does not extend to any other publications of the District including newsletters, websites, brochures and other publications.

No Permission to Use Photographs _____ **I select this option**

As the parent/guardian of the above named student, I do not give my permission for the Edwardsville Community Unit School District 7 to use photographs of my child in any District publications, including the EHS yearbook or other individual school yearbooks.

This consent will last for the entire time your child remains in his or her current school. If you want to change or rescind your consent for the release of your child’s photograph while your child remains in attendance at this school, please complete a new Photograph Release Form, and return it to the building principal.

Name of Student:

School of Attendance:

Parent/Guardian Signature _____
Date

Entered: _____ Dropped: _____ Records Rqstd: _____ Records Rcvd: _____ Teacher: _____ Grade: _____

STUDENT INFORMATION EDWARDSVILLE CUSD#7 **SCHOOL YEAR: 2019-20** **BLDG:** _____

STUDENT NAME: (First, Middle, Last) _____
STUDENT NICKNAME: _____
PRIMARY PHONE: _____ LISTED (Y/N): _____
STUDENT ADDRESS: _____

STUDENT'S BIRTHDATE: _____ GENDER: _____
STUDENT'S BIRTHPLACE: _____
MOTHER'S MAIDEN NAME: _____
SPECIAL CUSTODY INFORMATION: _____

House# _____ Street Name _____ Apt# _____ PO Box _____
City _____ State _____ Zip _____

SCHOOL STUDENT LAST ATTENDED:
NAME/PHONE: _____
STREET/CITY/STATE/ZIP: _____
DATES ENROLLED (MM/YY): _____ TO _____

PLEASE CHECK IF YOU ARE CURRENTLY HOMELESS **PLEASE CHECK IF STUDENT WAS IN GIFTED PROGRAM**

Special Education Information: _____ (I-IEP; R-no special education services; S-Speech only; 5-504)

PRIMARY PARENT(S)/GUARDIAN(S) NAME(S) WITH WHOM STUDENT LIVES: _____

RELATIONSHIP TO STUDENT: _____

1-Both parents; 2-Mother Guardian; 3-Father Guardian; 4- Mother/Stepfather; 5-Father/Stepmother; 6-Both Guardians; 7-Foster Parents; 8-Independent; 9-Other

(Enter the number describing the relationship of the primary guardian to the student)

FATHER/GUARDIAN MILITARY (Y/N): _____ DEPLOYED (Y/N): _____

MOTHER/GUARDIAN MILITARY (Y/N): _____ DEPLOYED (Y/N): _____

PRIMARY FATHER/GUARDIAN PHONES: _____

PRIMARY MOTHER/GUARDIAN PHONES: _____

WORK PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

CELL PHONE: _____

EMAIL: _____

EMAIL: _____

SECONDARY PARENT(S)/GUARDIAN(S) (not listed above) LEGALLY ENTITLED TO BE CONTACTED AND RECEIVE REPORT CARDS, PROGRESS REPORTS, AND MAILINGS:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____ SECONDARY GUARDIAN ACTIVE DUTY MILITARY (Y/N): _____ DEPLOYED (Y/N): _____

STUDENT'S PHYSICIAN & PHONE: _____ / _____

THREE RELATIVES OR FRIENDS AUTHORIZED TO BE CALLED TO PICK UP CHILD IN CASE OF EMERGENCY. (OTHER THAN THE PRIMARY AND SECONDARY PARENT(S)/GUARDIAN(S) LISTED ABOVE):

Relationship	Name	Address	City	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

All non-confidential communications will be sent via email. If you do not wish to receive these communications via email, please fill out the appropriate form "non-confidential mailing request."

PRIMARY PARENT/GUARDIAN EMAIL COMMUNICATIONS (Y/N): _____ SECONDARY PARENT/ GUARDIAN EMAIL COMMUNICATIONS (Y/N): _____

<p>MEDICAL CARE AUTHORIZATION: In case my child needs medical care and I cannot be reached, I authorize ambulance transport to the nearest hospital. I will assume all responsibility and expenses.</p> <p>SIGNATURE OF LEGAL GUARDIAN: _____</p>	<p>HANDBOOK NOTIFICATION: <input type="checkbox"/> I agree to access the 2018-2019 District 7 Handbook, which is available at www.ecusd7.org, and I am responsible for reviewing the contents with my child. <input type="checkbox"/> I am in receipt of a paper copy of the 2018-2019 District 7 Handbook, and I am responsible for reviewing the contents with my child.</p> <p>SIGNATURE OF LEGAL GUARDIAN: _____</p>
---	--

EDWARDSVILLE DISTRICT 7 HEALTH SERVICES -- STUDENT HEALTH INFORMATION SHEET

Health History to be completed and signed by parent/guardian

Student's Name: Last	First	Middle
Birth Date (MM/DD/YYYY)	Sex	School
		Grade

Address

City	State	Phone #
------	-------	---------

Allergies (food, drug, dog, insect, other)

--

Medication (List all prescribed or taken on a regular basis)

--

Medical and/or Mental health concerns diagnosed by physician

--

Please respond to each:

	Select	Indicate Severity/Explanation
Diagnosis of asthma?	Yes No	

*If yes, provide copy of student's asthma action plan

Child wakes during the night coughing?	Yes No	
--	--------	--

Birth defects?	Yes No	
----------------	--------	--

Developmental delay?	Yes No	
----------------------	--------	--

Blood disorders? Hemophilia, Sickle Cell, Other? Explain	Yes No	
--	--------	--

Diabetes?	Yes No	
-----------	--------	--

Head injury/Concussion/Passed out?	Yes No	
------------------------------------	--------	--

Seizures? What are they like?	Yes No	
-------------------------------	--------	--

Heart problem/Shortness of breath?	Yes No	
------------------------------------	--------	--

Heart murmur/High blood pressure?	Yes No	
-----------------------------------	--------	--

Dizziness or chest pain with exercise?	Yes No	
--	--------	--

Bone/Joint problem/injury/scoliosis?	Yes No	
--------------------------------------	--------	--

Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	
--	--------	--

Student Name:		
Hospitalizations? (Date and Reason)		
Surgery? (List all with dates)		
Please respond to each:	Select	Indicate Severity/Explanation
Serious injury or illness?	Yes No	
*TB skin test positive (past/present)?	Yes No	
*TB disease (past/present)?	Yes No	
*If yes, refer to local health department.		
Tobacco use (type, frequency)?	Yes No	
Alcohol/Drug use?	Yes No	
Family history of sudden death before age 50? (Cause?)	Yes No	
Vision		
Eye/Vision problems? _____Glasses _____Contacts	Last exam by eye doctor:	
Other concerns (crossed eye, drooping lids, squinting, difficulty reading)?		
Hearing		
Ear/Hearing problems?	Yes No	
Dental		
_____Braces _____Bridge _____Plate _____Other _____		
Other concerns?		
Information may be shared with appropriate personnel for health and educational purposes.		
Please provide the information requested below for use only in the case of an emergency. When there is an injury and we must take your child to a hospital, hospitals require proof that can provide basic information on your child and that we can show evidence that he/she is covered by insurance.		
The above named student is covered by (insurance co.):		
Policy Number:	Group Number:	
Primary Person Insured: _____		
Parent/Guardian Signature: _____		Date: _____