



# 2020 High School Summer School Registration

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

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (2019-20): \_\_\_\_\_

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](http://www.ecusd7.org/summerschool/registration).
- Registration will begin at 7:30 a.m. on Tuesday, January 21, 2020 and will close Tuesday, April 14, 2020 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 4, 2020. No information will be available before May 4.
- 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><b>A complete registration packet consists of:</b></p> <ul style="list-style-type: none"> <li>• High School SS Registration - 2020 (This form)</li> <li>• Student Information Sheet</li> <li>• Photograph Release</li> <li>• Student Health Information Sheet</li> <li>• Complete Payment Cash or check only. Please make check payable to ECUSD7</li> </ul>	<p><b>All forms and payment may be returned to:</b></p> <ul style="list-style-type: none"> <li>• Summer School Registration Hadley House 708 St. Louis Street Edwardsville, IL 62025, or</li> <li>• EHS Main Office, or</li> <li>• Lincoln or Liberty Main Office</li> </ul>
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**Six Week Option: June 3 – July 17 - \$160 per course**

**7:30 a.m. – 10:00 a.m.**

- \_\_\_\_\_ Civics
- \_\_\_\_\_ Global Perspectives
- \_\_\_\_\_ Medieval World History
- \_\_\_\_\_ US History (1<sup>st</sup> semester)
- \_\_\_\_\_ Consumer Education

**10:10 a.m. – 12:40 p.m.**

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

### June 3 – July 17: Courses with Modified Times

_____ 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.

### **Classroom Driver Education requirements:**

- Completed 9<sup>th</sup> grade Successfully passed four, year-long HS courses
- Age fifteen by: July 17, 2020
- No Cost

### Three-Week Option: June 3 – June 25 - \$160 per course

7:30 a.m. – 12:30 p.m.

- \_\_\_\_\_ Consumer Education
- \_\_\_\_\_ Civics

### Limited Enrollment Courses: June 3–July 17 - \$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 29, 2020, at 12:00 p.m.

7:30 a.m. – 10:00 a.m.

- \_\_\_\_\_ Algebra 1 (2<sup>nd</sup> 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)

\*Students may take only one of the summer school courses marked with an \* while enrolled as a student at EHS.

10:10 a.m. – 12:40 p.m.

- \_\_\_\_\_ Algebra 2 (semester 2)
  - \_\_\_\_\_ Geometry (semester 1)
  - \_\_\_\_\_ \*\*Jr. American Literature (semester 1)
  - \_\_\_\_\_ \*\*Grammar & Composition
- \*\*Students may take only one of the summer school courses marked with an \*\* while enrolled as a student at EHS.

**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.

**STUDENT INFORMATION EDWARDSVILLE CUSD#7****SCHOOL YEAR:** \_\_\_\_\_**BLDG:** \_\_\_\_\_STUDENT NAME: (First, Middle, Last) \_\_\_\_\_  
\_\_\_\_\_

STUDENT'S BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

STUDENT'S BIRTHPLACE: \_\_\_\_\_

STUDENT NICKNAME: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ LISTED (Y/N): \_\_\_\_\_

**SPECIAL CUSTODY INFORMATION:**  
\_\_\_\_\_STUDENT ADDRESS:  
\_\_\_\_\_**SCHOOL STUDENT LAST ATTENDED:**House# Street Name Apt# PO Box  
\_\_\_\_\_

NAME/PHONE: \_\_\_\_\_

STREET/CITY/STATE/ZIP: \_\_\_\_\_

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): \_\_\_\_\_

FATHER/GUARDIAN DATE OF BIRTH: \_\_\_\_\_ MOTHER/GUARDIAN DATE OF BIRTH: \_\_\_\_\_

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: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ 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 &amp; 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): \_\_\_\_\_

**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.

**HANDBOOK NOTIFICATION:**I agree to access the District 7 Handbook, which is available at [www.ecusd7.org/parents](http://www.ecusd7.org/parents), and I am responsible for reviewing the contents with my child.**SIGNATURE OF LEGAL GUARDIAN:**  
\_\_\_\_\_**SIGNATURE OF LEGAL GUARDIAN:**  
\_\_\_\_\_

**Edwardsville Community Unit School District 7**

*Dr. Jason Henderson, 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

**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 #
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**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**

<b>Please respond to each:</b>	<b>Select</b>	<b>Indicate Severity/Explanation</b>
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	

<b>Student Name:</b>		
<b>Hospitalizations? (Date and Reason)</b>		
<b>Surgery? (List all with dates)</b>		
<b>Please respond to each:</b>	<b>Select</b>	<b>Indicate Severity/Explanation</b>
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	
<b>Vision</b>		
Eye/Vision problems? _____Glasses _____Contacts	Last exam by eye doctor:	
Other concerns (crossed eye, drooping lids, squinting, difficulty reading)?		
<b>Hearing</b>		
Ear/Hearing problems?	Yes No	
<b>Dental</b>		
_____Braces _____Bridge _____Plate _____Other _____		
<b>Other concerns?</b>		
<b>Information may be shared with appropriate personnel for health and educational purposes.</b>		
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.		
<b>The above named student is covered by (insurance co.):</b>		
<b>Policy Number:</b>	<b>Group Number:</b>	
<b>Primary Person Insured:</b> _____		
<b>Parent/Guardian Signature:</b> _____		<b>Date:</b> _____