2017 SUMMER SCHOOL REMEDIAL COURSES for CURRENT FOLSOM CORDOVA USD STUDENTS
REGISTRATION AND EMERGENCY INFORMATION FOR GRADES 9-12
Summer School will be held at Cordova High School

Dates: Semester 1 (A Courses Only) – Monday, June 5 – Friday, June 16
Semester 2 (B Courses Only) – Monday, June 19 – Friday, June 30

Summer School Hours - 8:00 AM – 11:00 AM Nutritional Break: 11:00 AM – 11:30 AM 11:30 AM – 2:30 PM

STUDENT INFO (PRINT)

☐ M ☐ F

Last Name **First Name** **MI** **Gender** **Grade (during 16/17)** **Date of Birth**

Street Address **Apt #** **City** **Zip** **Telephone Number**

Parent/Guardian Name(s) **Parent/Guardian Work or Cellular Phone** **Parent/Guardian Work or Cellular Phone**

Emergency Contact(s) and Phone Number(s)

If your student has a current IEP check box ☐
If your student has a current 504 check box ☐

School Currently Attending _____ **School Attending in Fall 2017** _____

LIST CRITICAL HEALTH INFORMATION: _____

In case of an accident or sudden illness, when a parent or guardian is unavailable, I authorize a school representative to obtain medical care for my child, including necessary transportation, in accordance with their best judgment. I further authorize the doctor named below to provide the care and treatment he or she considers necessary. If the physician designated below is unavailable, I authorize such care and treatment to be performed by any licensed physician or surgeon selected by the school representative. I agree to pay all costs incurred as a result of the foregoing.
Are you a foster family? ☐ Yes ☐ No Doctor's Name_____ Medical or Patient ID#_____

I understand that to receive credits and a passing grade, student must be present in class. Complete this form and return to *student's home school office no later than May 12*. ***Must be currently attending a FCUSD school to enroll and participate.***

Student Signature **Date**

Parent Signature **Date**

☐ **Student transportation requested** ***(check box)*.**
Bus application must be obtained, completed, and submitted to our Transportation Dept. Contact 294-9100 for more information. Transportation is fee based.

Student may not enroll into enrichment classes as well as remedial classes. Five (5) units of high school credit will be given for each course successfully completed. An 'A' follows all first semester courses; all second semester courses are followed by a 'B'. Classes offered are based on sufficient and timely enrollment, as well as adequate funding. Enrollment form must have counselor's approval signature to be valid. Failure to complete enrollment form entirely will negate student enrollment. **Check box(es) next to the class(es) in which you wish to enroll.**

STUDENT (PRINT) _____ _____ **STUDENT NUMBER #**_____

Last Name First Name

High School Recovery Courses - Students take these classes to make up a failed course. ***Incoming 9th graders are eligible to take courses designated with an asterisk (*) but only if the courses were taken previously.*** ***Enrollment forms are due no later than May 12.***

- ☐ SU0107 English 1A
- ☐ SU0108 English 1B
- ☐ SU0109 English 2A
- ☐ SU0110 English 2B
- ☐ SU0111 English 3A
- ☐ SU0112 English 3B
- ☐ SU0126 English 4A
- ☐ SU0127 English 4B
- ☐ SU0134 English Foundations 1A
- ☐ SU0135 English Foundations 1B
- ☐ SU0136 English Foundations 2A
- ☐ SU0137 English Foundations 2B

- ☐ SU0510 Government
- ☐ SU0512 Economics

- ☐ SU0203 Integrated Math 1A *
- ☐ SU0204 Integrated Math 1B *
- ☐ SU0207 Integrated Math 2A *
- ☐ SU0208 Integrated Math 2 B *
- ☐ SU0234 Integrated Math 3 A
- ☐ SU0235 Integrated Math 3 B

- ☐ SU0303 Physical Earth Science A
- ☐ SU0304 Physical Earth Science B
- ☐ SU0403 Biology 1A
- ☐ SU0404 Biology 1B

- ☐ SU0503 World Cultures A
- ☐ SU0504 World Cultures B
- ☐ SU0507 US History A
- ☐ SU0508 US History B

FCUSD Support Classes

English Language Development (ELD) – Grades 9-12

- ☐ SU0130 ELD Language/Literacy
- ☐ SU0131 ELD Language/Literacy

Elective Credit

- ☐ SU0908 Preceptorship / Work Experience **

** Preceptorship - by application only; see Counselor

** Work Experience – Credit deficient graduating seniors only; see Counselor

Special Education Courses

Obtain an Extended School Year (ESY) registration form from your student's current case manager. Special Educational services are provided through the Extended School Year program only.

Please provide your email address in case notification of change is necessary

Parent Email: _____ **Student Email:** _____

For Counselor Use Only

Signature_____**Date Received**_____