

# Cuba High School Summer School Enrollment Form

## I. Student Information (PLEASE PRINT)

Student's Full Legal Name \_\_\_\_\_ Gender: M or F  
 Current (as of May 2022) Grade Level: 8 9 10 11 DOB \_\_\_\_\_ Current School: \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## II. Credit Recovery Courses

- Student may take one course or two courses. Place a number by your course choices on the line provided using 1 as for your first choice, 2 as your second choice, and 3 as your alternative.
- Space is limited for some courses. Classes will be scheduled as the enrollment forms are received by the school – first come, first serve.

Math	English	Science	Social Studies
Fund. Math (1 <sup>st</sup> sem) _____ (IEP required)	English I (1 <sup>st</sup> sem) _____	Phy. Science (1 <sup>st</sup> sem) _____	Government (1 <sup>st</sup> Sem) _____
Fund. Math (2 <sup>nd</sup> sem) _____ (IEP required)	English I (2 <sup>nd</sup> sem) _____	Phy. Science (2 <sup>nd</sup> sem) _____	Government (2 <sup>nd</sup> sem) _____
Pre Algebra (1 <sup>st</sup> sem) _____	English II (1 <sup>st</sup> sem) _____	Biology (1 <sup>st</sup> sem) _____	Am. History (1 <sup>st</sup> sem) _____
Pre Algebra (2 <sup>nd</sup> sem) _____	English II (2 <sup>nd</sup> sem) _____	Biology (2 <sup>nd</sup> sem) _____	Am. History (2 <sup>nd</sup> sem) _____
Algebra I (1 <sup>st</sup> sem) _____	English III (1 <sup>st</sup> sem) _____	Earth Science (1 <sup>st</sup> sem) _____	World Hist (1 <sup>st</sup> sem) _____
Algebra I (2 <sup>nd</sup> sem) _____	English III (2 <sup>nd</sup> sem) _____	Earth Science (2 <sup>nd</sup> Sem) _____	World Hist (2 <sup>nd</sup> sem) _____
Algebra II (1 <sup>st</sup> sem) _____	Reading(1 <sup>st</sup> sem) _____	Chemistry (1 <sup>st</sup> sem) _____	
Algebra II (2 <sup>nd</sup> sem) _____	Reading (2 <sup>nd</sup> sem) _____	Chemistry (2 <sup>nd</sup> sem) _____	
Geometry (1 <sup>st</sup> sem) _____			
Geometry (2 <sup>nd</sup> sem) _____			

## III. Credit Courses

- Students may earn no more than 1 full credit during summer school.
- Personal Finance is limited to student entering the 10<sup>th</sup>-12<sup>th</sup> grades.
- \*\*\*Drivers Education is limited to students who will turn 16 on or before January 1, 2023. Drivers Education course is subject to cancelation if a car cannot be acquired.

Offered Courses	
Personal Finance (.5)	_____
Health (.5)	_____
PE (.5)	_____
Drivers Ed (.25)	_____

## IV. Transportation

**Bus Transportation** Will your child be riding the bus? Y or N

*\*Bus routes are limited to drop off locations. Your driver will be in contact.*

Please complete reverse side

Transportation Address (if different from above) \_\_\_\_\_  
*\*Bus changes are not permitted. Please be sure to enter 1 address for the entire session.*

**Other Transportation** \_\_\_\_\_Walk \_\_\_\_\_Car \_\_\_\_\_Pick up/Other

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

III. Health Form

Other Family Members attending summer school \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alt. Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Does your child currently have an I.E.P? Y or N If yes, please specify program and teacher name \_\_\_\_\_

Health Problems or Concerns Y or N

If yes, please describe below any vision or hearing difficulties, diabetes, asthma, seizure disorder, allergies, activity restrictions, orthopedic problems, mental health/emotional concerns, or special health procedures that will need to be carried out during regular Summer School hours. \_\_\_\_\_

Is your child currently taking medication at home/school? Y or N Name of medication \_\_\_\_\_

Is your child allergic to anything? Y or N If yes, please describe \_\_\_\_\_

\*Will your child need medication during Summer School hours? Y or N

***If yes, child must have medical form on site.***

Name and phone number of student's physician(s) \_\_\_\_\_

Hospital preference \_\_\_\_\_

*Name, alternate authorized person, or the named physician. If it impossible to contact me, authorized persons, or the physician, the school personnel may make emergency arrangements as necessary to care for my child.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_