

**CATSKILL CENTRAL SCHOOL DISTRICT  
SECONDARY SUMMER SCHOOL PROGRAM**

JULY 1 - AUGUST 12, 2008

**REGISTRATION PROCEDURES FOR NON-RESIDENT STUDENTS**

Registration will be completed in advance by submitting the attached Registration Form to the Catskill High School Office. **No phone registrations will be accepted.** The Catskill High School Office will forward these to the Summer School Principal or secretary. **INCOMPLETE REGISTRATION FORMS WILL NOT BE PROCESSED.**

- Registration forms for students attending schools outside the Catskill School District will be available from the home school guidance counselor or upon request from Catskill High School or Middle School.
- Out-of-District Registration forms must be completed at the home school and **MUST BE SIGNED** by the home school principal or guidance counselor. Course selection must be indicated at this time.
- The registration form should indicate whether the student is to take a **REGENTS** examination.
- The Public Health Law, Section 2164, concerning immunization requirements will be strictly enforced. Immunization must be attested to by the school nurse on the **Health History** form provided.
- The Catskill High School Office must receive Out-of District Registrations and tuition by Friday, June 27, 2008. **There will be no exceptions.**
- Laboratory requirements for Science classes must be completed before Summer School.

Students may register for Regents Exams only but **must** have written permission of the home school principal. **The last day for Regents only registration is Friday, July 10th.**

PLEASE DO NOT register for Summer School courses if you cannot meet all the requirements.

**FEES**

All registration fees must be paid at the time of registration and **NONE WILL BE REFUNDED** unless a course is canceled due to insufficient enrollment or the District's inability to recruit a certified instructor.

**NON - RESIDENT REGISTRATION FEES**

All students who have their legal residence outside the Catskill School District and attended schools other than the Catskill Central School District during the 2006/2007 school years will pay tuition fees as follows:

Each course                 \$275.00 (Includes Regents Exam if applicable)

Regents Exam only     \$50.00 per exam

Make all checks payable to: **CATSKILL CENTRAL SCHOOLS**

Mail completed Registration Form and check to: **Catskill High School Summer School Registration, 770 Embought Road, Catskill, NY 12414** att: Mrs. Dushane

# CATSKILL CENTRAL SCHOOLS

770 Embought Road  
Catskill, NY 12414

518-943-0574  
Fax - 943-5396

## Non-Resident Summer School Registration Form - 2008

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/guardian Name: Father \_\_\_\_\_ Mother: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Day time phone #(e.g. work): \_\_\_\_\_ Day time phone #(e.g. work): \_\_\_\_\_  
 Who does student live with?  - Both Parents  - Mother - Father - Guardian

If student does not live with above please give:

Name of person he/she lives with: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Day time phone #(e.g. work): : \_\_\_\_\_

If parent/guardian cannot be reached Name of person to be called in emergency: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

For each subject enter: Course Title, Advanced or Repeated, Non-credit or amount of Regents(R) or Local (L) credit. Enrollment in repeated course(s) requires the permission of the principal of the high school where the course was originally taken.

Indicate with an asterisk (\*) those science courses where the student had completed the laboratory requirement before beginning summer school.

Course Title	Advanced (45 hours per 1/2 credit)	Repeated (unit of study time requirement previously completed)	Non-Credit: all K-8, Skills Development, A.I.S. or Enrichment	Regents Credit	Local Credit	Regents Exam Only
1)						
2)						
3)						

### Required Adaptations/Modifications

(as indicated on a student's individualized education program (IEP) or 504 accommodation plan)

Adaptive Materials	
Modifications of Curriculum/Materials	
Assistive Technology	
Testing Accommodations	
For more information contact:	CSE Chairperson: _____ Phone#: _____

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Name of Home School

\_\_\_\_\_  
Signature of Home Principal

\_\_\_\_\_  
Address of Home School

## **HEALTH HISTORY TO BE COMPLETED BY PARENT**

Students Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### **HEALTH INSURANCE**

Does your child have health insurance? \_\_\_\_\_ Name of Insurance Company? \_\_\_\_\_

Policy #: \_\_\_\_\_ In an emergency preferred hospital? \_\_\_\_\_

### **HEALTH CARE PROVIDERS**

Dr's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

#### **Has your child ever had: (please check)**

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies/Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Elevated Blood Pressure
<input type="checkbox"/>	<input type="checkbox"/>	Bee Sting Allergy (If yes give details)	<input type="checkbox"/>	<input type="checkbox"/>	Headaches or Migraine Headaches
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury/Concussion date _____
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problem/Murmur-Chest Pains
<input type="checkbox"/>	<input type="checkbox"/>	Nose Bleeds/Frequent or severe	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures
<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis or TB contact
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	Ear Problems/Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Strep Throats
<input type="checkbox"/>	<input type="checkbox"/>	Capped Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Physical Handicaps
<input type="checkbox"/>	<input type="checkbox"/>	Glasses <input type="checkbox"/> -Near <input type="checkbox"/> -Distance Vision	<input type="checkbox"/>	<input type="checkbox"/>	Contact Lenses
<input type="checkbox"/>	<input type="checkbox"/>	Orthodontic Appliance	<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD
<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	Lyme Disease

Please give details & dates of questions answered yes.

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IF YOUR CHILD HAS ASTHMA, A BEE STING ALLERGY OR ANY OTHER LIFE THREATENING ALLERGY PLEASE CONTACT THE SCHOOL NURSE AT CATSKILL HIGH SCHOOL SO THAT AN ACTION PLAN CAN BE PREPARED FOR AN EMERGENCY DURING SCHOOL.

#### **Yes No Does your child have any of the following: (Please give details)**

Has your child ever had an illness, condition, or injury that required him/her to go to the hospital either as a patient overnight or in the emergency room or for x-rays or required an operation? When? \_\_\_\_\_

Reason for: \_\_\_\_\_

Is your child under medical care now? Why? \_\_\_\_\_

Has your child taken any medication in the past year? If so, when \_\_\_\_\_ & why \_\_\_\_\_

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Is your child taking any medication now? Name of medication(s) \_\_\_\_\_

What medication will your child need to have available for her/him to take while in school?

Name of Medication: \_\_\_\_\_ Dosage \_\_\_\_\_

For what reason? \_\_\_\_\_

As per New York State law and for the protection of your child we will need to have a physicians written permission filed in the health office as well as a written permission from the parent/guardian before your child will be permitted to take medication during school & all school related activities. Medications must be in the original container with the pharmacy label attached. This also applies to all over the counter medications. Please contact the health office for further information and forms to be completed.

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In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the health care provider indicated above and to follow his/her directions. If the school is unable to reach the health care provider, the judgment of the school authorities will prevail

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**IMMUNIZATION VERIFICATION (FOR OUT OF DISTRICT STUDENTS)**

**To be completed by home school official:**

This is to attest that this student has been immunized consistent with the requirements of the Public Health Law, Section 2164

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

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# Catskill Summer School Parent/Student Contract

## Catskill School District

Summer School is a concentrated session of learning taken to improve a current grade or receive advance credit. Our teachers teach skills and review material that in most instances would be covered over the period of a full school year. Regular Attendance in Summer School is of the greatest importance. Behavior counts. Please review our attendance requirements as well as the additional rules that follow.

1. **Attendance-**The Catskill Central School District's Attendance Policy provides that students must be in attendance 90% of class time. As a result, students having 3 unexcused absences in any course will not receive a recommendation for credit. Students must provide written proof signed by a parent or guardian within one school day of the absence for it to be excused.

**Please plan summer vacations accordingly ...any student exceeding 3 absences will NOT receive credit.**

2. **Grading-** Class participation grades are based on the **quality** of **in-class** student performance and not on just attendance. A student who is present but unprepared or unresponsive will receive a poor participation grade. A classroom policy which factors class participation into a student's grade is appropriate and may result in denial of course credit if a student has not, as a result of poor class participation or other failures, earned passing grades. Any time out of class (including participation in school sponsored activities, college visits, music lessons, school trips, guidance meetings, removal from class, etc.) will result in a lack of class participation opportunities.

**\*\*Non-Resident Students\*\***

**Upon program completion Catskill Summer School will report the student's summer school grade to the school that issued the original unsatisfactory grade. Final grading information and determination of final credit will be provided by your home school district.**

3. **Dress Code- Students are expected to dress appropriately for class and bare feet are not permitted. Anyone coming to school with clothing that is disruptive, unsafe, or otherwise inappropriate will be asked to cover-up, change, or will be sent home. Class time missed as a result of being sent home for inappropriate dress will result in a reduction of participation points.** Our expectations for appropriate dress are as follows:

The following items are considered to be inappropriate dress, grooming, and appearance and are prohibited in school or at school functions:

- Any dress or appearance which constitutes a threat or danger to the health and safety of students (e.g., heavy jewelry or jewelry with spikes which can injure the student or others, clothes which are too large and can cause a student to trip or become entangled in equipment)
- Any dress or appearance which is vulgar, lewd, obscene, or indecent or profane, or which exposes to sight the private parts of the body (e.g., t-shirts with phallic symbols and messages consisting of sexual metaphors, see-through garments, extremely plunging necklines or waistlines, garments which are very tight)
- Any dress or appearance which encourages or advocates the use of illegal drugs, alcohol and/or tobacco
- Any dress or appearance which advocates or encourages any other illegal or violent activities
- Any dress or appearance which advocates discrimination or denigrates others based upon race, color, creed, religion, national origin, gender, sexual orientation, or disability
- The wearing of hats, headbands, or other headdress, for they are a sign of disrespect (unless worn for religious or medical reasons)
- Any dress or appearance which constitutes a disruption to the educational process

4. Electronic equipment is not permitted and will be confiscated if they interfere or disrupt the learning process.

Any headgear, other than that worn for religious purposes, is not permitted and can be confiscated. NO GLASS CONTAINERS WILL BE ALLOWED. GLASS BOTTLES WILL BE CONFISCATED. Student drinks should be in a plastic bottle or similar container.

5. Smoking in the building or on school grounds is prohibited. Any student found smoking on school property will risk suspension from the program. Students will receive no participation points for those classes missed when sent home.

6. Any vandalism or other destruction of school property will result in a student being dropped from the program. Penalties may also include restitution, and arrest.

7. The Administration of Catskill High School and the Catskill Board of Education will have a zero tolerance policy towards violence and drugs. Student behavior that is determined to be violent or in violation of Civil or Criminal law will be dropped from the program. This includes but is not limited to assault/battery, possession use of transfer of drugs or dangerous weapons, arson, extortion, bomb threats, severe vandalism, theft, possession of or sale of stolen property, causing a false fire alarm, and sexual harassment. Penalties may also include arrest. Anyone observing or being victimized by such an act should report this information to a teacher, staff member, or Administrator.

#### OPEN CAMPUS FOR SUMMER SCHOOL

Summer School will operate under an "Open Campus" for 2007. Students will be allowed to leave the building in between classes if their schedule permits. Loitering on school grounds will not be tolerated, and students that exit the school building must leave the property. All students must leave the school property at the conclusion of their classes. Any student unable to identify his/herself upon request of the school administration will be asked to leave.

Parking Lot and Driving- Students must enter the Summer High School parking lot via the entrance located at Scenic Drive. Students will be asked to register their vehicles. Any student that drives in an unsafe manner will be removed from the parking lot and have their privileges revoked.

If you have any questions about this contract please call the Summer School Office at 943-0574 ext. 233.

Parent/Student Contract Signature Page **\*\*Required\*\***

I have read and reviewed the Parent Student Contract and understand the expectations for attendance and behavior at the Catskill Summer School

\_\_\_\_\_,  
Student Last Name

\_\_\_\_\_  
Student First Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number