

Class Preference

1st Choice _____

2nd Choice _____

(To be completed by School Principal or Counselor)
Current IEP or 504 Plan _____ Yes _____ No (if Yes, attach copy)
Last School Attended _____
Street Address of School _____
City and Zip _____
School/Principal/Counselor Name (please print) _____
School Principal/Counselor Name (signature) _____

Mail Registration: Make check or money order payable to "Maplewood Summer School". Cash cannot be accepted. Send check or money order and completed registration to:

Mr. Terry Hugill, Summer School Dean of Students
 Maplewood Career Center
 7075 State Route 88
 Ravenna, OH 44266

Mailed checks and registration must be received by June 16th. If you wish a receipt, please enclose a self-addressed, stamped

Portage County Cooperative Summer School at
 Maplewood Career Center
 7075 State Route 88
 Ravenna, OH 44266

Portage County
 Cooperative

**SUMMER
 SCHOOL
 2011**

ATTENTION!!
 Summer School
 is Back
 at
 Maplewood
 Career Center

Questions: Call Maplewood Career Center
 330.296.2892
 Mr. Terry Hugill, ext. 551210
 between 8:30 a.m. and 2:00 p.m.



HIGH SCHOOL CREDITS

5-week course (24 class sessions)
June 20—July 22 7:15 a.m.—12:15 p.m.

1 Credit Tuition: \$250

Math Applications	English 11
Pre-Algebra	English 12
Algebra I	Earth Science
Algebra II	Biology
Geometry	American History
English 9	American Government
English 10	World Geography/Culture

2 1/2 Week Course (12 class sessions)
June 20—July 6

Class	Tuition
Physical Education (1/4 credit)	\$225, includes all activity fees
Health (1/2 credit)	\$125

Possible 2nd Session PE Course: July 7-July 22
Depending on enrollment

MIDDLE SCHOOL COURSE—Grades 6,7,8
5-week Course (24 class sessions)
June 20-July 22 7:15 a.m.—12:15 p.m.
Tuition: \$250

Each grade level will receive instruction in the following three areas: Language Arts, Reading, & Math

Classes begin on June 20at 7:15 a.m. DO NOT wait for Report Cards to be issued. If in doubt, speak with your Guidance Department.

No Class on July 4th

ATTENDANCE IS MANDATORY. Absences in excess of 5 hours for a 12-session class or 10 hours for a 24-session class will result in failure regardless of the progress. NO GRADE, NO REFUND.

OPEN REGISTRATION: 9 a.m.—2 p.m., Wednesday and Thursday, June 15 & 16. FULL tuition payment is due with the registration signed by the school your child attends.

WITHDRAWALS: A written request for withdrawal that is received PRIOR to the start of classes on June 20 will receive a full refund. There will be NO REFUND on any request

PORTAGE COUNTY COOPERATIVE SUMMER SCHOOL HEALTH RECORD/MEDICAL AUTHORIZATION

Detach Here

Name: _____ SS#: _____
Or Student ID _____

Parent/Guardian Name: _____ Home Phone: _____

Street Address: _____

City: _____ Zip: _____

Parent/Guardian Employer: _____ Phone: _____

Mother: _____ Phone: _____

Father: _____ Phone: _____

Alternate person to be notified if unable to locate parent/guardian:

Name: _____ Phone: _____

List any special physical or other problems the school personnel should be aware of:

Allergies: _____

Medications taken regularly: _____

In the event that all reasonable attempts to contact me have been unsuccessful (because of a serious accident or illness of my child), I hereby grant for any treatment deemed necessary by:

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

MUST HAVE A NAME AND NUMBER FOR BOTH

If necessary, the student will be transferred to Robinson Memorial Hospital. If the student is on an out of the county field trip, permission is granted to transport to the nearest available hospital. I understand that this consent does not apply to surgery, unless deemed necessary for the maintenance of life by two concurring physicians in my absence. I agree to allow my child to receive basic first aid.

Parent/Guardian: _____ (signature) Date: _____

REFUSAL TO CONSENT TO TREATMENT

I do not grant permission for my child to be given medical treatment in my absence with exception of basic first aid. In the event of serious accident or illness, I wish school authorities to do the following:

Parent/Guardian: _____ Date: _____