



2019 SUMMER SCHOOL REGISTRATION PACKET

Canyon High School

EOC Academy	EOC Testing
June 10 - 20	June 24 - 27
8:30 am to 12:30 pm	

Credit Recovery: June 10 – June 27
8:30 am to 12:30 pm

No Classes on Fridays

Deadline to Register is Thursday, June 6

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<u>Summer School Principals</u>		
Canyon High School	Casey Whittle	830-221-2400
Canyon Lake High School	Kristy Castilleja	830-885-1700
Smithson Valley High School	Michael Wahl	830-885-1000



HIGH SCHOOL STUDENT AND PARENT HANDBOOK

REGISTRATION:

- Registration is May 1, 2019 through June 6, 2019. Students will register at their home campuses in the counseling offices.

ATTENDANCE:

- There are no excused absences during Summer School.
- Missing one day in Summer School is equivalent to missing two weeks during the regular term.
- A maximum of 1 absence is permitted during Summer School.
- Students with more than 1 absence may be withdrawn from class and lose their credit. There are no refunds.

TARDINESS:

- Because of the short length of class sessions and academic intensity, prompt and consistent attendance is required.
- Students who are tardy (more than 10 minutes late) three times are subject to withdrawal from class without refund or credit. *Note:* 3 tardies = 1 absence.

BREAKFAST WILL NOT BE SERVED:

- Breakfast will not be served on campus during the Summer School. Students are encouraged to eat a healthy breakfast at home.

DISCIPLINE MANAGEMENT: Students attending Summer School in CISD are held to the STUDENT CODE OF CONDUCT and Discipline Management System of CISD. Infractions of the CISD Code of Conduct may cause withdrawal from Summer School without a refund.

Minor Infraction:

- Student and Parents will be given two warnings by phone and/or in writing.
- The third minor infraction will constitute removal from the Summer School program.

Major Infraction:

- Any major infraction, including, but not limited to, drugs, alcohol, weapons, and other to be determined by administration, will constitute an immediate removal from Summer School and will be subject to disciplinary action determined by the CISD Student Code of Conduct. The CISD CODE OF CONDUCT may be accessed at:

http://www.comalisd.org/Parents/Parent_Student_Handbook_Policies.asp



HIGH SCHOOL STUDENT AND PARENT HANDBOOK (continued)

TRANSPORTATION:

- Students are responsible for their own transportation

CREDIT ACCELERATION (scheduling priority will be given to students in need of credit recovery)

- There are only 6 courses approved for original credit under special circumstances with administrator approval. These are:
 - English IV
 - Economics
 - Government
 - Health
 - Pre-Calculus
 - Communications Application

On a limited basis, a campus instructional team will consider for individual student situations the appropriateness of the use of Edgenuity for original credit. Students enrolled to an original credit Edgenuity course should be assigned the **CISD TX Original Credit (OC) course**. These courses align with the TEKS and do not use the pretest nor prescriptive options in course design. Students must be enrolled full time to be eligible for original credit Edgenuity courses.

Who Qualifies for Original Credit Acceleration?

Students who...

- ❖ Want to graduate early
- ❖ Receive administrator approval (required)
- ❖ May have extenuating circumstances
- ❖ Are enrolled fulltime

CDC:

- Students enrolled in CDC at the end of the school year will complete their hours during summer at the CDC campus. If you have any questions or for more information, please contact Lori Lehmborg at (830)221-2950.



Tuition Waiver Form Summer School 2019

Student Name: _____ **Grade:** _____ **Campus:** _____

Waiver of tuition for CISD Summer School 2019 is being requested for the following reason(s):

_____ Resides in a residential placement facility

_____ Migrant program

_____ Homeless

_____ Attended DAEP/CDC during 2018-2019 school year

_____ Free lunch (student pays \$15.00)

_____ Reduced lunch (student pays \$30.00)

_____ Other (explain below)

Office Use Only:

_____ Tuition waiver approved

_____ Tuition waiver not approved

Reason: _____

Counselor's Signature: _____
(Home Campus)

Principal's Signature: _____
(Home Campus)



Credit Recovery/Credit Acceleration 2019 Registration Form

Please return the following pages completely filled out with money to the CHS
Counseling office by Thursday, June 6, 2019.

*****Also complete the Student Emergency Card on page 9*****

Student Name: _____ Student ID: _____ Date of Birth: _____
 Gender: _____ Ethnicity: _____ Parent/Guardian Name: _____
 Address: _____ Home Phone: _____ Cell Phone: _____
 Student Cell Phone: _____ E-mail: _____
 CISD Home Campus: _____ Grade level 2018-2019: _____
 Out of District Campus Name and Address: _____

<p>Summer School Dates & Times</p> <p>Courses: Student is limited to taking two courses</p> <p style="text-align: center;">June 10 – June 27 8:30 am to 12:30 pm</p> <p style="text-align: center;">No Classes on Fridays</p>	<p>Credit Recovery Tuition - \$75.00 fee up to two courses (or see attached waiver)</p> <p>Credit Acceleration Tuition \$75.00 per course (scheduling priority will be given to students in need of credit recovery)</p>	<p>Counselor's Name:</p> <p>_____</p> <p>Counselor's Signature:</p> <p>_____</p>
<p>Course 1: _____</p> <p>Course 2: _____</p>		

Student's printed name Student's signature Date

Parent/Guardian's printed name Parent/Guardian's signature Date

Home Campus Office Use Only:

Amount Owed	Amount Paid	Payment Information PAYABLE TO: COMAL ISD	Received by: (Registrar's signature)	Date Received
		Cash _____ Cashier's Check _____ Personal Check # _____		



Receipt of Summer School High School Student and Parent Handbook

This form must be turned in with the summer school registration packet.

By signing below, I am indicating that I have received a copy of the **Summer School High School Student and Parent Handbook (page 2 of this packet)**.

Student Name: _____ Current Grade: _____

Parent Signature: _____ Date: _____

CISD Acceptable Use Policy

STUDENT AND PARENT AGREEMENT FOR ACCEPTABLE USE OF THE ELECTRONIC COMMUNICATIONS SYSTEM

STUDENT AGREEMENT:

Current Grade: _____ Campus Name: _____

I understand that my computer use is not private and that the District will monitor my activity on the computer system. I have read the District's electronic communications system policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access and other disciplinary action consistent with District policies.

Student Name (please print): _____

Student Signature: _____ Date: _____

PARENT AGREEMENT:

I have read the District's Guidelines for Acceptable Use of Comal Independent School District Technology Resources, and this agreement form. In consideration for the privilege of my child using the District's electronic communications system, and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from child's use of, District's policy, and administrative regulations.

Parent's Name (please print): _____

Parent's Signature: _____ Date: _____



Student Emergency Card Summer School 2019

This form must be turned in with the summer school registration packet.

Student Name: _____ Gender: _____ Birthdate: _____
Last, First Middle

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____ Student lives with: _____

Mother/Guardian: _____ Cell: _____ Work: _____

Father/Guardian: _____ Cell: _____ Work: _____

Emergency Contact (other than parent): _____ Phone 1: _____ Phone 2: _____

Primary Physician: _____ Phone: _____

Medical Insurance: Uninsured Medicaid/CHIPS Private Insurance

Preferred Hospital: _____

Please check any conditions your child has which may require attention at school: (check all that apply). Authorization forms are required for all medical care- please visit the school nurse before the first day of school.

Diabetes Asthma Seizures

History of severe allergic reactions (from) _____

Requires medications at school (list) _____

Requires medical treatments/procedures at school (list) _____

Other: _____

Health information may be shared with your student's teachers, as needed, to promote immediate medical care in an emergency.

I consent to school officials authorizing emergency medical treatments if parents/guardians cannot be contacted.

Signature of Parent or Guardian: _____ Date: _____