Secondary Summer School 2016
Cabot School District

(Deadline to register is June 1, 2016)

Dates: Wednesday, June 1, 2016 – Tuesday, June 28, 2016

Location: ACE (Academic Center of Excellence)–formerly FUNTASICS (Hwy 321) #21 Funtastics Drive

Credit Recovery	**Cost**
Math 7, 8 English 7, 8	$150 per 7th or 8th course
Advanced Topics in Math Algebra I, II Geometry English 9, 10, 11, 12	$150 per 9th-12th semester course (Maximum of 2)

Other Courses

Health	$50	
P.E.	$50	(PE Registration Packets are at the Counseling Centers)

Summer School Hours: **M-Th** 8:00 – 2:30 (Lunch break – 11:00 – 11:30)
Friday 8:00 – 11:00

Attendance: **Students must attend all day until they finish. Students may finish before June 28th!!**
Lunch: Lunch is NOT provided. Students may bring a lunch or leave campus during the 30 minute lunch break.
Cell Phones: **May not be used during class time and must be silent.**
Transportation: NOT provided
Curriculum: **APEX online learning. Work at your own pace. In addition to coming to class, students are expected to work at home and must have access to the internet.**
Grading: 0-59% F, 60-69% D, 70-79% C, 80-89% B and 90-100% A
Food/Drinks: **Not permitted**
Absences: Not recommended. There are only 20 days of Summer School!!

Registration Information

Registration forms and information sheets are available in the Counseling Centers of both Jr. Highs, the Freshman Academy, ACE, and the High School. Students taking Credit Recovery courses or Health must complete a traditional Summer School Registration Form. There is a separate Registration Packet for PE. Complete a registration form and submit it to your student's Counseling Center along with payment. Checks should be made payable to Cabot Public Schools.

The Summer School Principal is Randy Granderson, 743-3520 at ACE.
Email randy.granderson@cps.k12.ar.us

All student policies in the Secondary Student Handbook shall apply. (Dress code, cell phones, etc)

Cabot School District
7th-12th Grade Summer School Registration Form 2016

(check school attended last year) **CHS___ FA___ CJHN___ CJHS___ ACE___**

Name_____ 2015-16 Grade_____

Parent/Guardian Name_____ Relationship_____

Address _____
Parent Cell # _____(required)
Parent email _____(required)

Is your student in Special Education? ___yes ___no Have a 504 plan? ___yes ___no
List any medications and/or health issues _____
_____

***Parent/Guardian Signature**_____ *(required)
Date_____

==========TO BE COMPLETED BY SCHOOL COUNSELOR==========

7th and 8th Grade Courses ($150 each)

_____ English 7 _____ English 8
_____ Math 7 _____ Math 8

_____P.E. _____ Health
($50 Each)

Credit Recovery Courses Offered ($150 each semester, Maximum of 2)

(check course and circle which semester)

_____	English 9	Sem 1 Sem 2	_____	Algebra I	Sem 1 Sem 2
_____	English 10	Sem 1 Sem 2	_____	Algebra II	Sem 1 Sem 2
_____	English 11	Sem 1 Sem 2	_____	Geometry	Sem 1 Sem 2
_____	English 12	Sem 1 Sem 2	_____	Adv Topics	Sem 1 Sem 2

***Counselor Signature**_____ ***(required)** Date_____

_____/_____/_____/_____
Amount Due Amount Paid Balance Due Date

SPED? _____ 504? _____ BY_____