



Summer School 2017 Registration

Student Name

FIRST _____ MIDDLE _____ LAST _____ (NICKNAME) _____

Gender _____ Date of Birth (MM/DD/YY) _____ Grade _____

Which groups describe the student's race? (optional, used only for educational demographic reporting)

Black/African American Asian Caucasian Latino/Hispanic Native American Other _____

The student lives with:

both parents father mother guardian (relationship to student _____)

Parent/Guardian Information (List ALL legal guardians)

Household #1

Address _____

Home Phone _____

Name _____

Name 2 _____

Relationship to Student _____

Relationship to Student _____

Email _____

Email _____

Cell/ work phone _____

Cell/work phone _____

Household #2

Address _____

Home Phone _____

Name _____

Name 2 _____

Relationship to Student _____

Relationship to Student _____

Email _____

Email _____

Cell/ work phone _____

Cell/work phone _____

Courses

- Precalculus Lab (Morning)
- Writing for All Occasions (Morning)
- Entrepreneurship (Morning)
- New Media Explorations (Afternoon)
- American Government (Afternoon)
- Mindfulness-Based Psychology (Afternoon)

EMERGENCY INFORMATION FORM

Parents/guardians will be contacted first using the information provided on the General Student Information form.

Health Concerns

Asthma? YES NO Treatment _____

Allergies? YES NO Allergic to _____

Symptoms _____

Treatment _____

(Contact the office if your student requires EpiPens® or other emergency medication on hand.)

Other conditions: _____ Prior head injury? YES NO Date _____

Current medications and dosages:

Emergency Contacts and Authorization for Care

In the event that we cannot reach parents and guardians, we request at least one emergency contact who is authorized to grant permission for emergency medical treatment for your student.

#1: Name _____ Relation to student _____

Home phone _____ Cell/work phone _____

#2: Name _____ Relation to student _____

Home phone _____ Cell/work phone _____

As a parent or legal guardian of _____, I hereby authorize September High School ("School"), at my expense, to authorize medical care, take my student to a physician of the School's choice, and to consent to any x-ray examinations, anesthetic diagnoses, medical or surgical treatments deemed necessary in the event that I or the persons listed above cannot be reached by telephone. I acknowledge that the School would not intentionally act negligently and hereby release the School from any claims that I may have as a result of any emergency treatment for the above named student. This permission is in effect for the duration of my child's enrollment at the School.

Signature _____ Date _____

(If permission is not given, it may affect your student's participation in off-campus activities.)

COMMUNITY POLICIES & STATEMENT OF AGREEMENT

Please initial where indicated on each policy and sign the final statement indicating your agreement.

BEHAVIOR POLICY

September High School is committed to creating a community that is inclusive, engaging, and safe. We encourage one another to help our community thrive through practicing and modeling behavior that is respectful of all of our community members.

Behavior in class should not interfere with anyone's learning. This includes behavior that is intimidating, threatening, or harassing. Should a student's behavior be disruptive, that student may be asked to leave class. Should the disruptive behavior continue, the student may be asked to withdraw from the class temporarily or permanently. Tuition will not be refunded.

Student Initials _____ Parent Initials _____

CLASSROOM ATTENDANCE POLICY

Student assessments and corresponding grades are determined from a combination of class participation, effort, assigned class work, homework and assessment (test) scores. Poor attendance, excused or unexcused, may result in a lower grade and/or reduced credit.

Student Initials _____ Parent Initials _____

CELL PHONE and PERSONAL TECHNOLOGY POLICY

Cell phone use while class is in session – whether talking or using text messaging – is prohibited. We request that the student respect their fellow students, their instructor, and themselves by not allowing this distraction during classes and presentations. September High School staff may ask to keep a cell phone for the duration of a class period if a student is unable to refrain from its use. Exceptions can be made at the discretion of the instructor.

Students may **request** use of these devices during individual study time if they find it is helpful for their concentration and if it does not disturb other students.

Student Initials _____ Parent Initials _____

SUBSTANCE POLICY

Use, possession of, or being under the influence of alcohol, illegal drugs, or possession of any drug paraphernalia may result in the following: (Please see the Parent Handbook for a more detailed review of the Substance Abuse Policy).

- Removal from the classroom program. A parent or guardian will be contacted to transport the student home.
- School consequences may include community service, loss of open lunch privileges, and regular check-in responsibilities throughout the school day.
- Student may be suspended from the September High School campus for a determined length of time.
- Contacting police or filing a police report may be necessary depending on the severity of the use, possession, or influence the student is under.
- Expulsion from September High School.

Student Initials _____ Parent Initials _____

SMOKING POLICY

Consistent with Colorado law, smoking is prohibited at September School. Smoking and the use of tobacco products on and around school grounds is not permitted at any time. Students and staff shall not use tobacco products within on September School campus nor at/or any school-sponsored events.

Student Initials _____ Parent Initials _____



THE FOLLOWING ITEMS ARE NOT PERMITTED ON SEPTEMBER HIGH SCHOOL PROPERTY:

- | | | |
|--|--------------------------|----------------------------|
| Illegal Drugs and Paraphernalia | Fireworks / Firecrackers | Explosives and Accelerants |
| Guns | Ammunition | Knives |
| Other weapons/items determined to be unsafe by SHS staff | | |

If a student is suspected of having these items on their person or within their personal property on the September High School campus, staff reserve the right to request a search of the student's property to secure the items. For the safety of all within September High School's community, any objectionable item found will be confiscated by administration and returned to its owner only with parental permission and consent. At the discretion of the Principal, some items may be destroyed.

Student Initials _____ Parent Initials _____

FIELD TRIP POLICY

PARTICIPATION

September High School Trips are opportunities for unique experiences that offer challenge within a physically, emotionally, and psychologically safe environment. Students are expected to participate in activities and demonstrate cooperation and respect for the group, the environment, and themselves. By initialing below, we understand that unsafe, intimidating, threatening, disrespectful or harassing behavior that inhibits other students and staff from participating in activities may result in removal from the trip.

Student Initials _____ Parent Initials _____

We understand the policies outlined in this statement and agree to help make September High School a thriving community by adhering to these policies. We understand that tuition and fees will not be refunded if a student is removed from September High School classes for violation of September High School policies..

STUDENT NAME (PRINTED)

PARENT OR GUARDIAN NAME (PRINTED)

STUDENT NAME (SIGNED)

PARENT OR GUARDIAN NAME (SIGNED)

Request to Transfer Records

This form allows us to send final grades/transcripts to your student's school.

Student's School _____

Address _____

Phone _____ Registrar Email _____

I authorize the release of my student's September School transcript with summer school grades to the above named school. I understand that the school will not release records/transcripts if their account is not paid in full.

Parent or guardian (print)

Parent or guardian (signature)

Date



2017 SUMMER SCHOOL FINANCIAL AGREEMENT

STUDENT NAME: _____

PARTY RESPONSIBLE FOR PAYMENTS: _____

GRAND TOTAL = \$_____ (\$500 per course)

By signing this agreement, I attest that I have read, understand, and agree to the following:

- (1) It is my responsibility to pay registration fees in full. Remaining balances for summer school are due by June 1st.
- (2) I understand that if my payments are delinquent, September School reserves the right to execute the third party collections process.
- (3) No student records including grades, transcripts, diplomas, or any other student information will be released until a student's account balance is paid in full.
- (4) I understand that, should my student be expelled due to conduct or if the family decides to withdraw the student during summer school, there are no refunds.

PARTY RESPONSIBLE FOR PAYMENTS SIGNATURE

DATE