



2014 MIDDLE SCHOOL SUMMER SCHOOL ON-SITE PROGRAM

STUDENT REGISTRATION FORM

This program is for repeating a failed core course (below 60% final grade) OR remediation for non-mastery in English and/or mathematics
(Recommended for students with a mastery rate below 60%)

LOCATION: JOHN F. KENNEDY MIDDLE SCHOOL 2325 E. WASHINGTON STREET, SUFFOLK, VA 23434

DATES: Tuesday, July 1-Tuesday, July 29 8:00 a.m. - 12:30 p.m.

Students will not have school: July 4, 11, 18, & 25

TRANSPORTATION WILL BE PROVIDED FOR THIS PROGRAM

SUMMER SCHOOL ADMINISTRATOR:

MR. ROOSEVELT BROWN

E-MAIL: RooseveltBrown@spsk12.net

PHONE: (757) 934-6212 FAX: (757) 925-5594

STUDENT'S NAME: _____ STUDENT ID : _____
(Please Print) LAST FIRST MIDDLE (If available)

ADDRESS: _____
Number & Street City /State Zip Code

PARENT/GUARDIAN'S NAME: _____
(Please Print)

RELATIONSHIP: _____ EMAIL (REQUIRED): _____

TELEPHONE NUMBERS: HOME: _____ WORK: _____ CELL: _____

EMERGENCY CONTACTS:
NAME: _____ HOME PHONE: _____ CELL: _____

NAME: _____ HOME PHONE: _____ CELL: _____

2013-2014 GRADE LEVEL: _____ 2013-2014 MIDDLE SCHOOL: _____

CIRCLE ONE SUBJECT TO REPEAT IN SUMMER PROGRAM: (NEW COURSES ARE NOT OFFERED)

ENGLISH MATH 6 MATH 7 PRE-ALGEBRA (MATH 8) ALGEBRA I (SOL Test) SCIENCE SOCIAL STUDIES

SELECT PROGRAM:

___ **SUMMER SCHOOL-PROMOTION PROGRAM:** Student failed one core course with final average 59% or below

___ **SUMMER SCHOOL-REMEDATION PROGRAM:** Student failed three/four core courses, not attending for promotion

___ **SUMMER SCHOOL- ALTERNATIVE CANDIDATE:** Student failed two core courses, possible alternative placement in fall

___ **SUMMER SCHOOL- NON-MASTERY:** Student passed all four core courses with a final average of 60% or higher, but did not master local or state assessments in the subjects of English and/or mathematics. Mandatory remediation may take place either online through Virtual Odyssey OR by attending the middle school summer school at John F. Kennedy Middle.

BY COMPLETING THIS REGISTRATION FORM YOU HAVE ELECTED TO RECEIVE REMEDIATION BY ATTENDING THE ON-SITE SUMMER SCHOOL PROGRAM.

INDICATE SPECIAL EDUCATION CATEGORY AND/OR (504) DISABILITY: _____

DESCRIBE SERVICES AND ACCOMMODATIONS: _____

HEALTH CONDITION/MEDICATION: _____

(Please give name and times for medicine to be administered/Medical release form is required.)

Parent Signature: _____ Date: _____

Please return this registration form to your child's home school no later than Monday, June 23, 2014.

Registration forms submitted June 24-26, 2014 must be returned or faxed (925-5594) to John F. Kennedy Middle School. Schools and Offices will be closed June 20 and 27, 2014.

Approved by Base/Home Middle School: _____ Title: _____

(Administrator or Guidance Counselor must verify information on application. Signature is required. Keep a copy for your records.)

SUMMER SCHOOL PRINCIPAL USE ONLY:

ACCOMMODATIONS ATTACHED/RECEIVED FROM BASE SCHOOL: 504 _____ IEP _____ Other _____

SUMMER BUS#: _____ SUMMER TEACHER ASSIGNMENT: _____