

SCOTTSDALE UNIFIED SCHOOL DISTRICT
COMMUNITY SCHOOLS DEPARTMENT

ACADEMIC HIGH SCHOOL PROGRAM
REPLACEMENT AND ADDITIONAL CREDIT COURSES

2009 Summer High School

Session I: June 8th - June 25th

Session II: July 6th - July 23rd

Monday – Thursday 8:00 am - 1:00 pm*

*(Science classes will have 5 extended lab days from 1:00pm-3:00pm)

Location:

Saguaro High School
6250 N. 82nd St.
Scottsdale, AZ 85250

Fee Schedule per Session

(classes w/additional fees are indicated in the class offerings list on pg. 3)

Academic Fee District Students\$250/class
Academic Fee Non-District student\$275/class
Science Lab Fee\$75/class
Art Supply Fee\$50/class

REFUND POLICY: There is a \$25 processing fee for refunds. Full refund if class is cancelled due to lack of enrollment. No refunds after first day of classes. No refunds for students removed from class due to disciplinary action.

For more information, please check our website at www.susd.org/communityschools

Registration Information:

- Maximum of one class per session for enrollment
- Any additional class fees pg. 2 (back of this page) in this registration packet
- **ONLY PE** courses can be taken out of sequence (i.e. Semester 2 PE taken in session 1)

Community Schools Contacts

Christopher Thuman (Assistant Director of Community Schools) 480-484-8612, CThuman@susd.org

Class availability, registration questions, or other concerns please contact any of the following individuals:

Nicole Arnold

480-484-8616-NArnold@susd.org

Jennifer Ramsden

480-484-8613-JRamsden@susd.org

Ranae Kauffman

480-484-8615-Rkauffman@susd.org

First Semester (JUNE ONLY) Courses Offered	Second Semester (JULY ONLY) Courses Offered
World History/Geography.....#2318	World History/Geography.....#2319
US/AZ History.....#2410	US/AZ History.....#2411
Economics.....#2510	US/AZ Government.....#2511
English I.....#3110	English I.....#3111
English II.....#3210	English II.....#3211
English III.....#3310	English III.....#3311
English IV.....#3410	English IV.....#3411
Algebra Basics.....#4351	Algebra Basics.....#4352
Algebra I.....#4410	Algebra I.....#4411
Algebra II.....#4420	Algebra II.....#4421
Geometry.....#4510	Geometry.....#4511
Business Mathematics.....#4624	Business Mathematics.....#4625
Earth and Space Science ***.....#5340	Earth and Space Science***.....#5341
Biology I ***.....#5410	Biology I***.....#5411
Chemistry I ***.....#5510	Chemistry I***.....#5511
Spanish I.....#6010	Spanish I.....#6011
Visual Arts I *.....#6840	Visual Arts I *.....#6841
Visual Arts II *.....#6842	Visual Arts II *.....#6843
Physical Education **.....#7450	Physical Education**.....#7451
Computer Basics.....#8645	Computer Basics.....#8645

LABS AND FEES REQUIRED

* Art Supply Fee Required: \$50

*** Science Lab Required: \$75

Science Class extended Lab dates (students need to stay additional time from 1:00-3:00 on these dates to complete labs):

Session 1 (June) – June 10th, 15th, 17th, 22nd, 24th

Session 2 (July) – July 8th, 13th, 15th, 20th, 22nd

REGISTRATION FORM (BOTH SIDES MUST BE COMPLETELY FILLED OUT TO COMPLETE REGISTRATION)

****FAILURE TO FILL OUT THIS REGISTRATION FORM COMPLETELY WILL RESULT IN THE DELAY AND/OR POSSIBLY REJECTION OF THE REGISTRATION****

1. COMPLETE THE INFORMATION BELOW - PLEASE PRINT

Student Name _____ Birth Date _____
Address _____
Home Phone _____ Cell _____ Work _____
Last school attended _____ ID# _____
Grade (Fall 2009****) _____ School Attending Fall 2009**** _____
Email _____
Does the student have an IEP or 504 Plan? Yes _____ No _____

Counselor Name (printed): _____

Counselor Signature: _____ (please have your counselor sign to verify this course is correct and is needed)

2. PLEASE LIST YOUR COURSE(S) BELOW - ONLY ONE COURSE AND COURSE # PER SESSION

Session I / Semester I (JUNE ONLY): Course Name: _____ Course # _____
Session II / Semester II (JULY ONLY): Course Name: _____ Course # _____

3. SUMMER TRANSPORTATION – Must be filled out AND signed

My student will require **BUS** transportation to Summer School: Yes _____ No _____

Student bus pick-up location (circle one) BUSERS ONLY: Arcadia Chaparral Coronado Desert Mountain

Parent/Guardian Name: _____

Parent's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Discipline: I agree to cooperate and will support and enforce the rules and regulations regarding proper conduct of my child while he/she is riding on a school vehicle. I understand that transportation is a privilege that could be lost with any discipline issue.

Parent Drop-off **OR** Student Drivers:

I do _____ I do not _____ give permission for my child to be dropped off or drive themselves to Summer School without a parent/guardian present.

Parent/Guardian Signature _____ Date: _____

SUSD does NOT assume care, custody, or control of any vehicle or its contents, and is NOT responsible for fire, theft, damage, or loss of any kind. Parking is a privilege, NOT a right.

REGISTRATION CHECKLIST

All students must have completed the following (registration IS NOT considered complete until ALL of the following is done):

- A completed registration form (completely filled out with choice of school and transportation indicated)
- A signed code of conduct and Emergency Information form filled out and completely signed (back of reg. form)
- A check or money order made payable to: **SUSD Summer School**
- Cash in-person is accepted as payment also.

REGISTRATION BY MAIL OR IN PERSON AT EITHER:

SUSD Education Center (7:30 am – 5:00 pm, Monday – Friday)
3811 North 44th Street, Phoenix, AZ 85018

Or

Community Schools Department (7:30 am - 5:00 pm, Monday – Friday)
9313 North 95th Way, Scottsdale, AZ 85258-5500

Mail-in registration deadline: **May 29, 2009**

CODE OF CONDUCT AFFIDAVIT

In order to promote a safe and respectful learning environment, we have established guidelines for student behavior, which are outlined in the **Uniform Code of Student Conduct**. These guidelines are based on existing policies and procedures of the school district and are designed to create a positive learning environment for all students. Some of the guidelines are briefly described below; however, students and parents will be responsible for reading and understanding the entire **Uniform Code of Student Conduct**.

General Behavior Expectation

I have read and agree to abide by the behavior guidelines in the Uniform **Code of Student Conduct**. I understand that students are expected to conduct themselves in a manner that is consistent with the vision, goals, and beliefs of the Scottsdale Unified School District.

Dress Code/Grooming

I have read and agree to abide by the dress code set forth in the SUSD Code of Conduct which includes the following:
Student dress and grooming standards prohibit student dress or grooming that, in the judgment of the school administration, is profane or sexual, has violent connotations, or advocates drugs, alcohol, or tobacco. The presence of any item or apparel that denotes or implies membership in or affiliation with any group or gang that advocates drug use or disruptive behavior is also prohibited. This includes clothing that does not adequately cover or conceal the body.

Attendance Regulations

I have read and agree to abide by the attendance regulations in the **Uniform Code of Student Conduct**. I understand the importance of being present and on time for class. I also understand that absences or tardiness exceeding 5 hours (one day) will result in an automatic withdrawal from the class.

I have read and agree to abide by the **Uniform Code of Student Conduct**.

Student's Signature **Date**

Parent's/Guardian's Signature **Date**

Parent Permission for Media and Public Access

My child has my permission to be photographed, videotaped, or interviewed for use by:

- District sources (media releases, newsletters) Outside Media (print, TV, radio)
 School sources (school newspaper/TV, newsletters) District/School Website

Parent Signature _____ Date _____

EMERGENCY MEDICAL INFORMATION

The following information is furnished so that my son/daughter may receive proper care in the event of an injury:

Student Name _____ Student ID # _____
Guardian/Parent _____
Address _____
Home Phone _____ Cell _____ Work _____
Family Physician _____ Phone _____
Family Dentist _____ Phone _____

Please list

Medical Conditions _____ Allergies _____
Medicines Taken and Purpose _____

Please Note: There will be a nurse on campus for Summer School. Medications may be administered during Summer School hours. Please see the nurse the first day of classes.

Emergency Contact (if parents cannot be reached):

Name: _____
Home Phone: _____ Cell: _____ Work: _____

Insurance Coverage/Medical Release

I realize that my son/daughter must be covered by our family accident/health insurance coverage for all treatment expenses.
I give permission for the above named student to participate in organized activities, realizing that such activity involves the potential for injury which is inherent in all sports.

Parent Signature _____ Date: _____