

High School Soar Through Summer 2022 Registration

Please return application to your child's school by June 17. For questions, please reach out to the High School Office at (315) 435-4964. Visit syracusecityschools.com/summer for program updates.

Student Information

Student Name (First & Last) _____

Student ID _____ Current School _____

Other (Charter, Transfer, etc.) _____

Please mark your child's current grade level

9

10

11

12

Program Options

- | | |
|---|---|
| <input type="checkbox"/> In-person Standard option | <input type="checkbox"/> SCSD Summer Arts Session 1: July 5-15 at PSLA |
| <input type="checkbox"/> Summer Bridge: Writing Camp (grade 9-12) | <input type="checkbox"/> SCSD Summer Arts Session Session 2: July 18-29 at Nottingham |
| <input type="checkbox"/> Summer Bridge: Algebra (rising 9th graders only) | |

Credit Recovery

- | | |
|--|---|
| <input type="checkbox"/> ELA 9 | <input type="checkbox"/> Algebra CC |
| <input type="checkbox"/> ELA 10 | <input type="checkbox"/> Algebra 2A CC |
| <input type="checkbox"/> ELA 11 | <input type="checkbox"/> Algebra 2B CC |
| <input type="checkbox"/> ELA 12 | <input type="checkbox"/> Algebra II CC |
| <input type="checkbox"/> Early World | <input type="checkbox"/> Geometry CC |
| <input type="checkbox"/> Global History | <input type="checkbox"/> General Statistics |
| <input type="checkbox"/> US History | <input type="checkbox"/> Modeling Mathematics/App of Quadratics |
| <input type="checkbox"/> Active Citizenship | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Living Environment | <input type="checkbox"/> Studio Art |
| <input type="checkbox"/> Earth Science | <input type="checkbox"/> Music In Our Lives |
| <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Health |
| <input type="checkbox"/> Anatomy & Physiology | <input type="checkbox"/> Spanish I |
| <input type="checkbox"/> Forensic Science | |

Contact/ Emergency Information

Parent/Guardian Name (First & Last) _____

Address (#, Street, Zip) _____

Phone (Main) _____ Phone (Second Option) _____

Email Address _____

In case of an emergency and parent/guardian is unavailable, I authorize the following people to provide care for my child:

Name _____ Relationship _____ Phone _____

Pick-Up/ Walk/ Bus

Please note that any change of address should be brought to your school immediately. A change in address may take a waiting period of up to 5 days for transportation. Please select one student option.

- I will pick my child up from school
- I give my child permission to walk home without being signed out by an adult
- I would like my child to ride the bus. Student or childcare provider must live 1.5 miles or more from the summer school site to receive transportation. If you are requesting transportation, please list your pick-up and drop-off addresses:

AM Pick-Up Address _____

PM Drop-Off Address _____

Health/ Special Alerts

This information will be kept confidential and shared only with those who should be made aware such as the school nurse, teachers or assistants, transportation, and/or building administrators.

Does your child have any known allergies? No Yes (Details)

Does your child require an Epi-Pen? No Yes (Details)

Does your child have any dietary concerns or restrictions? No Yes (Details)

Does your child wear glasses or contact lenses? No Yes (Details)

Please provide any physical limitations No Yes (Details)

Does your child need any medications during school hours? No Yes (Details)

Is this medication in the nurse's office? No Yes (Details)

Permission for Photo/Video Release

I give permission for _____ (student name) to have his/her picture taken for release to the local newspapers and television stations in connection with the Syracuse City School District Summer Program activities.

I DO NOT give permission for _____ (student name) to have his/her picture taken for release to the local newspapers and television stations in connection with the Syracuse City School District Summer Program activities.

Parent/Guardian Signature _____ Date _____