

Summer Programming 2023 Registration 9 - 12

Please return application to your child's school as soon as possible, before May 19. For questions, please reach out to your school. Visit syracusecityschools.com/summer for program updates. <u>All learning options are in-person</u>, there are no virtual programs.

| Student Information | | | |
|--|--|--|----------------------|
| Student Name (First & Last) | | | |
| Student ID | Current School | | |
| Other (Charter, Transfer, etc.) _ | | | |
| Please mark your child's curre | nt grade level 9 10 10 | 11 12 | |
| Program Options | | | |
| Summer Programming | ENL | <u>Camps</u> | |
| for this program. These a | HS ENL Academy (rising 10th-12th grade ELL students) Summer Institute for Language and Culture (9th-12th grade) next to an option, you will a pplications can be found provided them at www.syracu | rinted at your child's main | office or with their |
| ELA 9 ELA 10 ELA 11 ELA 12 Early World Global History US History Active Citizenship Living Environment Earth Science Environmental Science Anatomy & Physiology Forensic Science | | Algebra CC Algebra 2A CC Algebra 2B CC Algebra II CC Geometry CC General Statistics Modeling Mathematics/Apper Physical Education Studio Art Music In Our Lives Health Spanish I | p of Quadratics |

| Contact/ Emergency Inforn | nation | | | |
|--|--|---|--|--|
| Parent/Guardian Name (First & Last) | | | | |
| Address (#, Street, Zip) | | | | |
| Phone (Main) | Phone (Second Option) | | | |
| Email Address | | | | |
| In case of an emergency and parent child: | /guardian is unavailable, I authorize t | he following people to provide care for my | | |
| Name | Relationship | Phone | | |
| Name | Relationship | Phone | | |
| Pick-Up/ Walk/ Bus | | | | |
| | ress should be brought to your school ansportation. Please select one stude | immediately. A change in address may take a nt option. | | |
| I will pick my child up from scho | ool | | | |
| I give my child permission to wa | lk home without being signed out by a | n adult | | |
| I would like my child to ride the l site to receive transportation. If y | ous. Student or childcare provider mus 70u are requesting transportation, pleas | t live 1.5 miles or more from the summer school se list your pick-up and drop-off addresses: | | |
| AM Pick-Up Address | | | | |
| PM Drop-Off Address | | | | |
| Health/ Special Alerts | | | | |
| | ential and shared only with those who portation, and/or building administrat | should be made aware such as the school ors. | | |
| Does your child have any known alle | rgies? No Yes (Details) | | | |
| Does your child require an Epi-Pen? No Yes (Details) | | | | |
| Does your child have any dietary con | cerns or restrictions? No | Yes (Details) | | |
| Does your child wear glasses or conta | act lenses? No Yes (Detail | s) | | |
| Please provide any physical limitation | ons No Yes (Details) | | | |
| Does your child need any medication | as during school hours? No | Yes (Details) | | |
| Is this medication in the nurse's offic | ee? No Yes (Details) | | | |
| Permission for Photo/Vide | o Release | | | |
| I give permission forrelease to the local newspapers a Program activities. | (studer and television stations in connection w | nt name) to have his/her picture taken for rith the Syracuse City School District Summer | | |
| I DO NOT give permission for taken for release to the local new Summer Program activities. | rspapers and television stations in con | _ (student name) to have his/her picture nection with the Syracuse City School District | | |
| Parent/Guardian Signature | Date | | | |