

Summer Programming 2024 Registration 9 - 12

Please return application to your child's school as soon as possible, before **May 31**. For questions, please reach out to your school. Visit syracusecityschools.com/summer for program updates. All learning options are in-person; there are no virtual programs.

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

Credit Recovery

 ELA 9

 ELA 10

 ELA 11

 ELA 12

 Human Society I

 Human Society II

 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

 Business Applications

 Geometry CC

 Applied Statistics

 Modeling Mathematics/App of Quadratics

 Physical Education

 Studio Art

 Music In Our Lives

 Health

 Spanish I

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 _____

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) _____

Does your child have 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 _____