***New Student***

Choice Alternative High School Program

2020- 2021 Summer School Registration

**When:** June 8 – June 30, 2020 8:00 am – 12:30 pm Monday – Thursday.

**Where:** Choice Alternative High School, 2575 W. 88th St., Bloomington, MN 55431

**Who:** Seniors from Kennedy and Jefferson High Schools and who are 17 years or older.

**Please return registration form and transcripts by MAY 29, 2020 to**

ncomstock@isd271.org

Classes offered during summer school*

<table>
<thead>
<tr>
<th>English</th>
<th>History</th>
<th>Science</th>
<th>Math</th>
<th>Electives</th>
</tr>
</thead>
<tbody>
<tr>
<td>English 12 A,B,C</td>
<td>US Economics</td>
<td>Chemistry A, B, C</td>
<td>Prob. &amp; Stats</td>
<td></td>
</tr>
</tbody>
</table>

*final classes offered will be determined by enrollment

Student Name __________________________________________________________

Home School ___________________________ Current Grade __________________

Course #1 ____________________________ Course #2 ____________________________ Course #3 ____________________________

(Choose three from the classes listed above)

Parent/Guardian Name (please print) __________________________________________

Home Mailing Address ________________________________________________________

City ___________________________ Zip Code _________________________________

Day Time Phone ___________________________ Cell Phone ___________________________

Email Address ___________________________ Guidance Counselor Name ______________

There are a limited number of spaces available in the summer school program. Complete registration forms are processed on a first come, first served basis. Please fill out the form, sign it, and return it with transcripts by Friday, May 29, 2020. Students are required to attend an orientation session on Monday June 8th.

Distance Learning may apply. A confirmation letter will be sent stating your time as listed below.

Last Name starting with A-L 8:30-10
Last Name starting with M-Z 10-11:30

Questions? Please call Nancy at 952-681-6172
Email ncomstock@isd271.org

***Over***
I _________________________________, on this date of ______________, 2020, agree to observe the rules of student conduct as they apply to the summer school session offered by the Choice Alternative High School. If teachers observe me violating any of these rules, appropriate disciplinary action will be taken. If more than one warning is given, I will be removed from the program and no longer eligible to complete the course work.

Signature of Student _______________________________ Phone Number ____________________

Signature of Parent _______________________________ Phone Number ____________________
(if student is under 18 years old)

IMPORTANT INFORMATION

- Students are required to earn a “C” or better to pass the class.
- Students are required to attend all 14 days of summer school. After missing 2 days of summer school the student can be dropped from the summer school program.
- Insults, abuse, intentional annoyance, or exhibited disrespectful behavior towards other students, teachers, or any school employees is cause for disciplinary action.
- Student dress, personal appearance and conduct must be such that it will not disrupt or distract from the instructional procedure of the school. Student dress and grooming shall be such that they meet reasonable safety, health, and decency standards. **Examples of unacceptable clothing and appearance include, but are not limited to the following:** Bare midriffs, shoulders and backs (including halters and tube tops), see through blouses, short/skirts which do not extend below the students fingertips, cleavage showing, underwear displayed, tops which are so short that they cannot be tucked in, ribbed, sleeveless undershirts of any color, lewd, obscene or suggestive clothing (including shirts with silhouettes), t-shirts that display illegal activities or violence, jewelry, clothing, hats and / or tattoos that display an illegal substance, gang affiliation or symbols associated with hate groups or violence.
Summer School Counselor Referral Form

Students Name: ________________________________ Home School ____________

Referring Counselor Name __________________________________ Date __________

IEP Graduation yes / no Grad Testing Completed yes / no

This student needs to complete the following courses in order to graduate:

_________________________      __________________________
_________________________      __________________________
_________________________      __________________________
_________________________      __________________________
This student is currently enrolled in the following trimester 3 courses. Please include ALL courses being taken including Home School, Beacon, PSEO, BCCA and other online schools. (Circle current Pass /Fail Status)

Course Name________________________ School_____________ Credit Amount____ Pass/Fail

Course Name________________________ School_____________ Credit Amount____ Pass/Fail

Course Name________________________ School_____________ Credit Amount____ Pass/Fail

Course Name________________________ School_____________ Credit Amount____ Pass/Fail

Course Name________________________ School_____________ Credit Amount____ Pass/Fail

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