

Summer School 2025
Guidelines for DCHS
May 27 - June 6

Parent Orientation May 15th 4 pm to 5 pm

Please read before signing up

- 1) Summer school at DCHS is for students who fail a class or classes, who are eligible for credit recovery. No other students can attend.
- 2) Credit recovery is for students who scored between 50 and 59 in a subject or multiple subjects.
- 3) If your child meets this requirement, please sign him or her up for summer school.
- 4) Teachers will be on staff during summer school to assist students with credit recovery.
- 5) Students will not receive credit for the class until all of the work is completed and notes have been verified by a teacher. Credit cannot be given if a student does not take e-notes or paper notes.
- 6) All school rules apply during summer school.
- 7) Breakfast, lunch, and snacks will be provided.
- 8) Students who are brought to school will need to be dropped off in the middle school back parking lot and picked up there as well. Drivers will need to enter and leave from the middle school back parking lot also.
- 10) Buses will also be provided for those that need it.

To sign up for summer school, please complete the following three pages, fill out all paperwork, and return it to the school by emailing it to emilywheeler@dekalbschools.net or by having your student drop it by the front office.

DEKALB COUNTY SCHOOL SYSTEM
21ST CENTURY COMMUNITY LEARNING CENTERS
SUMMER SCHOOL PROGRAM

May 27 - June 6

REGISTRATION FORM (Both Sides Must Be Filled Out)

Date: _____

School: _____

STUDENT INFORMATION

Name: _____

Date of Birth: _____

Grade: _____

Sex: ☐ Male ☐ Female

Address: _____ Telephone Number(s): _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: _____

Address: _____ Telephone Number(s): _____

PERMISSION TO RELEASE STUDENT TO THESE INDIVIDUALS

<u>Name</u>	<u>Relationship to Student</u>	<u>Telephone Number(s)</u>
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_____	_____	_____
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_____	_____	_____
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EMERGENCY INFORMATION

Physician Name: _____

Address: _____ Telephone Number(s): _____

Please describe any medical conditions, including allergies, of the student that the after school program may need to be aware of:

Name of person, other than parent/guardian, authorized to act for the parent/guardian in case of emergency:

DO NOT LEAVE BLANK

Name: _____ Telephone Number(s): _____

In the event of an emergency, I hereby give permission to the DeKalb County School System and anyone associated with its after school programs to secure proper medical treatment for my child. If I cannot be reached, I hereby give permission for emergency personnel selected by the DeKalb County School System or anyone associated with its after school program to order x-rays, routine tests, and treatment for the health of my child. I also give permission to emergency personnel selected by the DeKalb County School System or anyone associated with its after school program to hospitalize, secure proper treatment, and to order injection and/or surgery for my child.

I understand that my child's school information may be shared with the State Department of Education and other contracted entities to be used for evaluation of the extended learning program. ☐ Yes ☐ No

I have received, read and understand the student handbook.

Signature of Parent/Guardian

Date

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TRANSPORTATION FORM

Student Name: _____ **School:** _____

Address: _____

Parent/Guardian Name(s): _____

Telephone Numbers(s): _____

_____ **Student will ride the bus home from summer school.**

_____ **Student will be a car rider following summer school dismissal.**

Individuals with permission to pick up the student:

<u>Name</u>	<u>Relationship to Student</u>	<u>Telephone Number(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ **Student will drive home at dismissal.**

Signed:

Parent/Guardian Name

Date

Summer School Behavior Agreement 2025

I, _____, understand that participation in Summer School 2025 is a privilege that requires appropriate behavior. To ensure a positive and productive environment for all students and staff, I agree to the following:

1. **Follow All Rules:** I will adhere to the classroom rules, school policies, and instructions given by teachers and staff.
2. **Respect Others:** I will treat my peers, teachers, and school property with respect at all times.
3. **Stay Engaged:** I will actively participate in credit recovery and enrichment activities without disruptions.
4. **Be Responsible:** I understand that if I receive:
 - Strike 1: I will have a conversation with my teacher and reflect on my behavior.
 - Strike 2: My parent/guardian will be contacted, and I will sign this agreement to commit to improving my behavior.
 - Strike 3: I will be dismissed from the Summer School program.

I understand that my behavior impacts my ability to continue participating in Summer School. By signing this agreement, I commit to being a responsible and respectful participant.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____