

# Reynoldsburg City Schools

## Summer Academy 2017



Summer Academy is being offered to students in grades 9-12 from June 7<sup>th</sup> -30<sup>th</sup>, 2017. There will be two sessions of Content Courses scheduled from 8 – 11am and 12 – 3pm. We will also be offering OGT Instruction Sessions – June 5<sup>th</sup> – 16<sup>th</sup> from 12pm – 3pm and OST (State Tests) Remediation Sessions June 7<sup>th</sup> – 30<sup>th</sup> from 8- 11am at the Livingston High School campus. The Content Courses are available for those interested in CREDIT RECOVERY ONLY and will be offered as Credit Flex and a Pass/Fail grade. The exceptions are physical education (PE) and health. Students may take PE and health for new credit and will be issued a letter grade.

Summer Academy courses are a modified online curriculum. Students are **REQUIRED TO ATTEND IN PERSON** every day. Missing more than one day of school MAY result in failure without a refund of tuition. Access to a computer and the Internet at home is desirable. Computers also are available to students at school. Online facilitators will email weekly performance summaries to parents.

Students may take TWO COURSES. PE and Health classes are NOT required to attend class on campus, however they must take their mid-term/final exams in person on campus. All courses are subject to cancellation due to low enrollment. We will be offering FREE Lunch to students again this year immediately following the AM session and prior to the start of the PM session.

### Location

Summer Academy classes and all in-person meetings will be held at the following location:  
Livingston High School – 6699 East Livingston Avenue – Reynoldsburg, Ohio 43068

### Cost

\$75.00 per Content area (Checks/Money Order made payable to: **REYNOLDSBURG CITY SCHOOLS** and include students name in the memo area). There is NO COST for the OST and OGT sessions.

### Courses

The following courses will be offered for high school credit in Summer Academy. (\***BOLD** denotes courses offered for OST Remediation – available for REYN students only)

*\*Courses are subject to cancellation due to low enrollment.*

English	English 9, English 10, English 11, 12
Health	Health
Math	Integrated I & II, Algebra II
Physical Education	Physical Education
Science	Biology, Physical Science
Social Studies	American History, World History, U.S. Government

### Exam Schedule

- Mid-Terms June 16<sup>th</sup> 8am – 11am
- Final Exams June 29<sup>th</sup> & 30<sup>th</sup> 8am – 11am
- OGT Tests June 19<sup>th</sup>-23<sup>rd</sup> 12pm – 2:30 pm
- OST Tests July 24<sup>th</sup> – 28<sup>th</sup> TBD based on number of students

### Class Supplies

All students are asked to bring headphones/ear buds to class every day.

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## Summer Academy – Ohio Graduation Testing

Reynoldsburg City Schools will offer the Ohio Graduation Test (OGT) this summer. All students are eligible and encouraged to take advantage of this opportunity.

However in order to take the OGT, Ohio law requires students to complete a minimum 10 hours of intervention instruction before the test. Teachers from Reynoldsburg High School will be providing the summer instruction.

Students may take up to two sections of the OGT during the summer.

## Summer OGT Schedule

	Intervention Instruction Session	Test Administration
<b>Math</b>	June 5 – 16 12 p.m. – 3 p.m.	June 20 – 24 12 – 2:30 p.m.
<b>Reading and Writing</b>	June 5 – 16 12 p.m. – 3 p.m.	June 20 – 24 12 – 2:30 p.m.
<b>Science</b>	June 5 – 16 12 p.m. – 3 p.m.	June 20 – 24 12 – 2:30 p.m.
<b>Social Studies</b>	June 5 – 16 12 p.m. – 3 p.m.	June 20 – 24 12 – 2:30 p.m.

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## To Register: (Complete front/back and submit the following forms)

- Registration Form
- Emergency Medical Authorization
- Attendance Procedures
- Code of Conduct
- Credit Flex Form
- Technology Acceptable Use
- Payment (cash, check or MO)

## Registration Period/Deadline:

- May 1<sup>st</sup> through 26<sup>th</sup>. Registration information and money must be received by Ms. Kaminski before the close of business on **May 26, 2017**. Courses are subject to cancellation due to low enrollment.
- Any questions regarding registration, please **contact Tammee Kaminski, Summit Campus at 614-501-2365 or by email [tkaminski@reyn.org](mailto:tkaminski@reyn.org)**
- In Person Registration Hours: **Monday, Wednesday, Friday – 7:30am – 4:30pm  
Tuesday and Thursday 7:30am – 3:30pm**

## To Mail:

- Include all completed required forms and a cashier's check, personal check or money order in the amount of **\$75.00 per course/content area** in an envelope with the student's name clearly marked on the check/money order and envelope. **DO NOT MAIL CASH.**
- Checks or money orders should be made payable to **Reynoldsburg City Schools**
- Mail to: **Reynoldsburg High School – Summer Academy, Attn: Tammee Kaminski, 8579 Summit Road, Reynoldsburg, OH 43068**
- Registration information and money must be received by Ms. Kaminski before the close of business on **May 26, 2017**. Courses are subject to cancellation due to low enrollment.

## To Drop-off:

- Please have all required forms completed. Include a cashier's check, personal check, cash or money order in the amount of **\$75.00 per course/content area** with the student's name clearly marked on the check/money order.
- Checks or money orders should be made payable to **Reynoldsburg City Schools**
- Address: **Reynoldsburg High School – Summit Campus, 8579 Summit Road, Reynoldsburg, OH 43068**

**Registration Form (on reverse side)**  
(Please Print Information)

# Reynoldsburg City Schools

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Student Last Name	Student First Name	School/Academy	Grade
Parent/Guardian Last Name	Parent/Guardian First Name	Parent/Guardian Cell No.	Student Cell No.
Street	City	Zip	Home Phone

Students may take TWO COURSES. The only exception is if the student takes PE or Health in which case they may take three courses. PE and Health classes are NOT required to attend class on campus. All courses are subject to cancellation due to low enrollment. PLEASE SELECT (☑) THE COURSE(S) AND SESSION. YOU MAY ONLY SELECT ONE COURSE PER SESSION.

AM - Session 1 - (8am - 11am) Content Courses	PM - Session 2 (12pm - 3pm) Content Courses	Off - Campus
<input type="checkbox"/> English 9 <input type="checkbox"/> English <input type="checkbox"/> English 11 <input type="checkbox"/> English 12 <input type="checkbox"/> Integrated Math I <input type="checkbox"/> Integrated Math II <input type="checkbox"/> Algebra II <input type="checkbox"/> Biology <input type="checkbox"/> Physical Science <input type="checkbox"/> American History <input type="checkbox"/> World History <input type="checkbox"/> US Government	<input type="checkbox"/> English 9 <input type="checkbox"/> English 10 <input type="checkbox"/> English 11 <input type="checkbox"/> English 12 <input type="checkbox"/> Integrated Math I <input type="checkbox"/> Integrated Math II <input type="checkbox"/> Algebra II <input type="checkbox"/> Biology <input type="checkbox"/> Physical Science <input type="checkbox"/> American History <input type="checkbox"/> World History <input type="checkbox"/> US Government	<input type="checkbox"/> Health <input type="checkbox"/> Physical Education (PE)

For Office Use:

Date Received: \_\_\_\_\_

Amount: \_\_\_\_\_

Check / Cash / MO

Check/MO# / \_\_\_\_\_

Receipt# \_\_\_\_\_

AM - Session 1 - (8am - 11am) OST (State Tests) Remediation (REYN Students ONLY)	PM - Session 2 (12pm - 3pm) OGT Instruction
<input type="checkbox"/> English 9 <input type="checkbox"/> English 10 <input type="checkbox"/> Integrated Math I <input type="checkbox"/> Integrated Math II <input type="checkbox"/> Biology <input type="checkbox"/> American History <input type="checkbox"/> US Government	<input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Science <input type="checkbox"/> Social Studies

SIS # \_\_\_\_\_

REYNOLDSBURG CITY SCHOOLS  
EMERGENCY AUTHORIZATION FORM  
O.R.C.3313.712



Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

School \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Teacher \_\_\_\_\_

Student's Cell Phone (\_\_\_\_) \_\_\_\_\_

Grade \_\_\_\_\_

Gender  M  F

**Residential Parent/Guardian Information**

Student lives with:  both parents  mother  father  other \_\_\_\_\_

Biological parents are:  Married  Divorced  Single-never married  Residing together-not married

(Please circle relationship)

**please check primary daytime contact number**

(Please circle relationship)

Mother / Stepmother / Guardian / Foster Mother

Father / Stepfather / Guardian / Foster Father

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Your mother's maiden name: \_\_\_\_\_

Your mother's maiden name: \_\_\_\_\_

**Contact person(s) in case parents cannot be reached**

This form is utilized if your child becomes ill or has an emergency while at school. It authorizes us to contact additional people should a parent or guardian be unavailable. For this reason, it is important that you list more than one contact number. If your information changes throughout the school year, please be sure to notify the office.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Major Medical Concerns: \_\_\_\_\_

My child has NO medical concerns. X \_\_\_\_\_

Parent signature

**PART I - TO GRANT CONSENT**

I hereby give consent for the following medical care providers to be called:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor, or, in the event that the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

TO GIVE CONSENT

You must continue to the back of this page.

Student Name: \_\_\_\_\_

**Medical Alerts**

Routine MEDICATIONS:  NO Medications (including those taken at home)

Name of Medication	Taken For	Activity Restrictions

ALLERGIES:  NO Allergies

Food: \_\_\_\_\_

Drug: \_\_\_\_\_

Insects: \_\_\_\_\_

Other: \_\_\_\_\_

EPI-PEN NEEDED

Seasonal/Environmental: \_\_\_\_\_

**Custody**

1. Is this child subject to any  shared parenting agreement  custody order?  N/A

Mailing address of other parent if order mandates: \_\_\_\_\_

2. Is there a court order on file with this school that restricts access to this student by any party?  Yes  No

If yes, whom: \_\_\_\_\_ Relation to child: \_\_\_\_\_

\*\*\*This order cannot be executed until the document has been submitted to Central Registration.\*\*\*

**PART II – REFUSAL TO CONSENT**

I do NOT give my consent for emergency medical treatment of my child. In the event of an emergency or illness requiring treatment I wish the school authorities to take the following action:

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student's siblings attending Reynoldsburg Schools**

Name: \_\_\_\_\_ Gr.: \_\_\_ School: \_\_\_\_\_ Name: \_\_\_\_\_ Gr.: \_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Gr.: \_\_\_ School: \_\_\_\_\_ Name: \_\_\_\_\_ Gr.: \_\_\_ School: \_\_\_\_\_

**Transportation Information**

Please mark arrival and dismissal procedures that apply.

**Arrival**

- Walker  Car Rider
- Bus Rider Bus# \_\_\_\_\_  
Bus Stop Location \_\_\_\_\_
- Daycare / Babysitter  
Name \_\_\_\_\_  
Phone # \_\_\_\_\_

**Dismissal**

- Walker  Car Rider
- Bus Rider Bus# \_\_\_\_\_  
Bus Stop Location \_\_\_\_\_
- Daycare / Babysitter  
Name \_\_\_\_\_  
Phone # \_\_\_\_\_

# Reynoldsburg City Schools



## Summer Academy 2017

### Attendance Procedures

The Reynoldsburg City Schools Summer Academy is three weeks of concentrated instruction. In order to grant high school credit attendance is mandatory. Students missing more than two days of instruction—no matter the reason—will not be eligible for credit. In addition, students must arrive on time for every class. Students tardy more than 15 minutes will not be permitted to stay for instruction, but will be counted as absent for the day.

### Notification of Absence or Tardy

If a student will be tardy or absent from school, a phone call from the parent or guardian is required. The number to call is 614-501-2365. In addition, a note from the parent or guardian regarding the absence or tardy is required the following day. The attendance procedures are summarized in the table below.

Kind of Absence	First Instance	Second Instance	3 <sup>rd</sup> Instance	4 <sup>th</sup> Instance and beyond
Absence	Note from parent required, will be excused if in keeping with RCSD attendance policy.	Note from doctor required, otherwise the absence will be unexcused and credit for the class will be forfeited.	Loss of course credit.	
Tardy, less than 15 minutes	Call and note required	Call and note required, administrator will speak to student and parent.	One day of absence will be recorded	Loss of course credit
Tardy, more than 15 minutes	Call and note required, student counted absent for the day.	Call and note required, student will be counted absent for the day.	Loss of course credit	

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**THIS FORM MUST BE SIGNED AND TURN IN AT TIME OF REGISTRATION.**

Board of Education  
 Joe Begeny, President • Rob Truex, Vice President  
 Debbie Dunlap • Elaine Tornero • Neal Whitman  
 Tina Thomas-Manning, Superintendent • Tammira S. Miller, Treasurer



## Summer Academy 2017 Student Code of Conduct

I have reviewed and discussed the information contained in the Reynoldsburg City Schools Student Code of Conduct. I will abide by the policies and regulations set forth by the Reynoldsburg Board of Education and Reynoldsburg High School Summer Academy, as well as, the expectations established by the Reynoldsburg High School administrators and staff.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

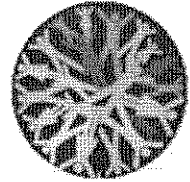
\_\_\_\_\_  
**Date**

**THIS FORM MUST BE SIGNED AND TURN IN AT TIME OF REGISTRATION.**

Board of Education  
Joe Begeny, President • Rob Truex, Vice President  
Debbie Dunlap • Elaine Tornero • Neal Whitman  
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**Reynoldsburg City Schools  
 Technology Acceptable Use Agreement  
 Students/Parents/Guardians**



**All Board policies are available in each school's administrative office and on reyn.org.**

I have read, understand and agree to abide by the Technology Acceptable Use Policy. I agree to report any violation of this policy to the building principal or IT Department and to cooperate in any investigations regarding violations. I understand that my technology account may be monitored. I agree to exercise responsibility by using my best efforts not to violate this policy.

I understand that any violation of this Policy may subject me to restriction or termination of my access to district technology, discipline in accordance with the student handbook, other Board policies, referral to legal authorities, and/or other legal action.

By signing below, I agree to release The Reynoldsburg City School District, its staff and Board members, from any claims or damages arising as a result of and in connection with my failure to follow school policies regarding use of technology resources, including claims or damages arising from the student giving his/her user name or password to another student.

Student Name (Printed)	Student Signature	Date
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***If the student named above is under 18 years of age, a parent or legal guardian must complete the following:***

**PARENT/GUARDIAN PERMISSION FORM**

As a parent or legal guardian of the minor student signing above, I grant permission for my daughter/son/ward to access District technology resources, including networked computer services such as the Internet. I understand that individuals and families may be held liable for violations. I understand that some accessible materials may be objectionable, and I accept responsibility for setting and conveying standards for my daughter/son/ward to follow when selecting, sharing, or exploring information and media.

By signing below, I agree to release The Reynoldsburg City School District, its staff and Board members, from any claims or damages arising as a result of and in connection with my child's/ward's failure to follow school policies regarding use of the Network, including claims or damages arising from the student giving his/her user name or password to another student. I am aware there is a \$25.00 annual charge to cover the administration of devices (this only applies to devices assigned to be taken home by students), and a \$15.00 deductible per incident if the device is non-intentionally damaged.

Parent/Guardian Signature	Date
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Home Phone #	Student ID #
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Work Phone #	Student Date of Birth
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# Independent Study and Credit Flexibility Online Learning

## COURSE INFORMATION

Course Title: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Title: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ Dates of Course: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

### OFFICE ONLY

Course and Section Number: \_\_\_\_\_

Proposal Approved?  YES  NO Date: \_\_\_\_\_

Superintendent \_\_\_\_\_

Administrator \_\_\_\_\_

Guidance Counselor \_\_\_\_\_

Teacher of Record: \_\_\_\_\_

# Independent Study and Credit Flexibility Information and Guidelines Online Learning

Credit Flexibility applies to any alternative coursework, assessment and/or performance that demonstrates proficiency qualified to be awarded equivalent graduation credit as applied for and approved in advance by the school district. Approved credit awarded through this policy will be posted on the student's transcript and counted toward student grade point average (GPA), class rank and as graduation credit in the related subject area or as an elective.

The school district will include details of the Credit Flexibility policy and program on the district website and in the Student/Parent Handbooks at the middle schools and high school.

## ***Application:***

Any student may apply for credit to be awarded through Independent Study or Credit Flexibility. The student will submit an application on the district Application for Independent Study and Credit Flexibility form. All required information must be provided. The student may be required to provide supporting documentation as determined by the Guidance Counselor and/or Principal or designee of the Principal. Application may be made at any time.

## ***Review of Application:***

The guidance counselor(s) and Principal or designee of the Principal will review the application. Upon approval of a completed application, the student may then proceed with the learning activity and credit will be awarded when all requirements are completed and evaluated. The Principal or designee may consult with the facilitator of the related department or others as needed to provide information prior to making a decision regarding the awarding or denial of credit.

## ***Awarding credit:***

A student may be eligible to receive credit upon satisfactory completion of the alternative coursework, activity, assessment and/or performance as required by the Principal or designee. The following standards and guidelines apply to awarding credit:

- There is no restriction to the total number of credits that may be earned through credit flex.
- The successful completion of a pre-approved course may result in credit being designated as fulfilling either required or elective credit toward graduation requirements.
- All courses, as applicable, must be aligned to the Ohio Academic Content and Technical Standards to receive credit.
- All courses, as applicable, must be aligned to the Ohio Academic Content and Technical Standards to receive credit.
- Credit from other districts and educational providers, including online providers, may be accepted in accordance with the Ohio Operating Standards.
- The Principal or designee may award credit for custom learning activity(ies) in the amount approved in advance based upon the equivalence to a 120-hour (Carnegie unit) course. In preapproved cases, partial credits may be awarded where deemed appropriate.

- The Principal or designee may award credit or partial credit for pre-approved assessments, performances or work products that demonstrate mastery of content of any course offered at Reynoldsburg High School. Elective credit for courses not offered at Reynoldsburg High School may also be earned in this manner as preapproved.
- Students who transfer to Reynoldsburg from another district with an existing credit flex plan, will be required to submit this plan to the Reynoldsburg committee for approval or modification.
- Credits completed in another district before transfer to the Reynoldsburg City Schools will count as credits toward fulfilling graduation requirements as awarded by the sending district. The Principal or designee will review the transfer credit to determine equivalency to specific courses offered by the Reynoldsburg City Schools.
- District developed and/or approved tests/assessments used to determine advancement and course credits will be given annually to facilitate planning for the subsequent school year. To qualify for credit by assessment, the student must show mastery in the subject as determined by the Teacher of Record to receive credit. A student failing to achieve this score may not apply for credit by assessment for the same course credit until the following school year. Any credit by assessment for a particular course may only be attempted two times.
- If a student is unable to complete the course due to illness (with provided medical documentation) or other valid reason as determined by the Principal or designee, an extension may be permitted and/or requirements revised. If the student does not intend to complete the credit and there has been an illness or other valid reason, the application may be withdrawn.
- Should a student transfer to another school district, upon request of the student or parent, the district shall forward a copy of the approved application to the new district for their consideration.

### ***Determining Grades***

Grades earned through Independent Study and/or Credit Flexibility will NOT be weighted. The letter grade to be posted on the transcript and included in the student's grade point average will be awarded as determined by the average on all teacher graded and independent work.

If a student fails to make adequate progress on coursework, the approval to further pursue the proposed credit may be revoked and a failing grade will be posted to the student's transcript.

The final grade for the course must be posted before the credit can count toward graduation.

### ***Eligibility***

Per OHSAA regulations, student athletes are permitted to participate in a credit flex option, with the understanding that the credit flex experience will NOT count towards the 5-credit minimum for athletic eligibility. Therefore, student-athletes must register for a minimum of 5-credits through a traditional classroom experience. **Courses taken online are not NCAA approved.**

### ***Access***

This policy does not in any way prohibit access to on-line education, post-secondary options or services from another district approved by the board.