Summer Academy 2014

Summer Academy is formulated for students, grades 7 – 12, who are interested in either recovery of mastery or credit or new credit course attainment. Summer Academy will use a facilitated on-line format for content delivery. All Summer Academy students must have regular access to a computer and the internet to participate.

Students will be required to attend the following dates and times in person:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Orientation</th>
<th>Mid-Term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>English/Reading</td>
<td>June 9th</td>
<td>June 23rd 2:30 – 4:30 PM</td>
<td>July 14th 2:30 – 4:30 PM</td>
</tr>
<tr>
<td>Math</td>
<td>June 9th</td>
<td>June 23rd 12:30 – 2:30 PM</td>
<td>July 14th 12:30 – 2:30 PM</td>
</tr>
<tr>
<td>Social Studies</td>
<td>June 9th</td>
<td>June 23rd 10:30 – 12:30 PM</td>
<td>July 14th 10:30 – 12:30 PM</td>
</tr>
<tr>
<td>Science</td>
<td>June 9th</td>
<td>June 23rd 2:30 – 4:30 PM</td>
<td>July 14th 2:30 – 4:30 PM</td>
</tr>
<tr>
<td>Health</td>
<td>June 9th</td>
<td>June 23rd 12:30 – 2:30 PM</td>
<td>July 14th 12:30 – 2:30 PM</td>
</tr>
<tr>
<td>Foreign Language</td>
<td>June 9th</td>
<td>June 23rd 12:30 – 2:30 PM</td>
<td>July 14th 12:30 – 2:30 PM</td>
</tr>
</tbody>
</table>

During the week, students will be grouped based upon the pretest performance for each unit and the on-line facilitator will establish the twice-weekly schedule for virtual meetings using Adobe Connect. These sessions are mandatory for both the student and facilitator and should last no longer than 30 minutes.

On-line facilitators will correspond with weekly performance summaries to be sent home to parents. Students who miss more than one virtual meeting or who miss the in-person mid-term or final are subject to immediate dismissal from Summer Academy.

Location

All in-person meetings will be held at the following location:

eSTEM Academy, Summit Road High School
8579 Summit Road Reynoldsburg, OH 43068

Courses

The following courses will be offered for Summer Academy. 7th and 8th grade reading and math courses are targeted toward mastery attainment and will not be eligible for high school credit. High School courses may be awarded New Credit or Recovery Credit, but will not be considered as “enriched”.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>Reading 7, Reading 8, English 9, English 10, English 11, English 12</td>
</tr>
<tr>
<td>Math</td>
<td>Math 7, Math 8, Pre-Algebra, Algebra I, Geometry, Algebra II, Algebra III, Trigonometry, Pre Calculus</td>
</tr>
<tr>
<td>Social Studies</td>
<td>World History, American History, US Government</td>
</tr>
<tr>
<td>Science</td>
<td>Physical Science, Biology, Chemistry, Physics</td>
</tr>
<tr>
<td>Health</td>
<td>Health (.5 credit only)</td>
</tr>
<tr>
<td>Foreign Language</td>
<td>Spanish 1, 2 French 1, 2</td>
</tr>
</tbody>
</table>

Cost: $75.00 Per Content Area
**Registration Instructions**

- Please fill out the form below and attached Emergency Medical Form completely.
- Include a check or cash in the amount of **$75.00 per content area/course** in an envelope with the student’s name clearly marked on the check and envelope. Checks should be made payable to **Reynoldsburg City Schools and delivered to eSTEM Academy 8579 Summit Road, Reynoldsburg OH 43068**
- Registration information and money must be received by Tammee Kaminski on or before the close of business **June 6**. Space is limited and will be awarded on a first come, first served basis.

### Registration Form

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>Student First Name</th>
<th>Current School and Grade</th>
<th>Student ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Last Name</th>
<th>Parent/Guardian First Name</th>
<th>Home Address</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Cell Number</th>
<th>Parent/Guardian Cell Number</th>
<th>Emergency Contact Name</th>
<th>Emergency Contact Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Course List for Summer Academy 2014

You may circle/select up to two courses as long as their meeting times do not overlap. Note that none of the summer coursework is considered as “Enriched”.

**English**
- Reading 7, Reading 8, English 9, English 10, English 11, English 12

**Math**
- Math 7, Math 8, Pre-Algebra, Algebra I, Geometry, Algebra II, Algebra III Trig, Pre-Calculus

**Social Studies**
- World History, American History, US Government

**Science**
- Physical Science, Biology, Chemistry, Physics

**Health**
- Health (.5 credit only)

**For. Language**
- Spanish 1, Spanish 2, French 1, French 2

Ohio Graduation Testing – You may circle/select up to two areas for testing during the summer:

<table>
<thead>
<tr>
<th>Reading</th>
<th>Mathematics</th>
<th>Writing</th>
<th>Social Studies</th>
<th>Science</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REYNOLDSBURG CITY SCHOOLS

EMERGENCY AUTHORIZATION FORM

O.R.C.3313.712

Student’s Name ____________________________  DOB ________________
Home Address ______________________________  School _________________
__________________________________ Zip.______________  Teacher ________________
Primary Phone (____) ________________________  Grade _______  Gender □ M □ F

Residential Parent/Guardian Information

Student lives with: □ both parents □ mother □ father □ other ________________
(Please circle relationship)  (Please circle relationship)

Mother / Stepmother / Guardian / Foster Mother
Name: ____________________________
Home Phone: (____) ________________________
Cell Phone: (____) ________________________
Employer: ____________________________
Business Phone: (____) ________________________
E-Mail: ____________________________
Your mother’s maiden name: ____________________________

Father / Stepfather / Guardian / Foster Father
Name: ____________________________
Home Phone: (____) ________________________
Cell Phone: (____) ________________________
Employer: ____________________________
Business Phone: (____) ________________________
E-Mail: ____________________________
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: ____________________________
Home Phone: (____) ________________________
Cell Phone: (____) ________________________
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.

Page 8

(Revised 2/12)
Medical Alerts

Routine MEDICATIONS:  ☐ NO Medications

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Taken For</th>
<th>Activity Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

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:

_________________________________________ Date: __________

REFUSAL TO CONSENT

Student’s siblings attending Reynoldsburg Schools

Name: ________________ Gr.: __ School: ___  Name: ________________ Gr.: __ School: ___

Name: ________________ Gr.: __ School: ___  Name: ________________ Gr.: __ School: ___

Transportation Information

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 # _______________________

(Revised 2/12)
Summer Academy – Ohio Graduation Testing

Reynoldsburg City Schools will offer the summer administration of the Ohio Graduation Test (OGT). You are eligible and encouraged to take advantage of this opportunity. However in order to take the OGT, Ohio law also requires you to complete ten (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 (2) sections of the OGT during the summer.

The summer schedule is as follows:

<table>
<thead>
<tr>
<th></th>
<th>Intervention Instruction Session A</th>
<th>Intervention Instruction Session B</th>
<th>Test Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>X</td>
<td>June 16 - 20 1:00 – 3:00</td>
<td>June 23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10:00 – 12:30</td>
</tr>
<tr>
<td>Math</td>
<td>June 16 - 20 10:00 – 12:00</td>
<td>X</td>
<td>June 24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10:00 – 12:30</td>
</tr>
<tr>
<td>Writing</td>
<td>June 16 - 20 10:00 – 12:00</td>
<td>X</td>
<td>June 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10:00 – 12:30</td>
</tr>
<tr>
<td>Science</td>
<td>X</td>
<td>June 16 - 20 1:00 – 3:00</td>
<td>June 26</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10:00 – 12:30</td>
</tr>
<tr>
<td>Social Studies</td>
<td>X</td>
<td>June 16 - 20 1:00 – 3:00</td>
<td>June 27</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10:00 – 12:30</td>
</tr>
</tbody>
</table>