



Holy Cross Lutheran School Summer School 2014

- ✓ Students may be **required** or **recommended** to attend summer school or may attend at their parents request.
- ✓ If a student is required or recommended to attend summer school, it is because the student's teacher(s) feels that he/she needs additional help in core subjects to be successful at the next grade. This is based on teacher observation and assessment and/or grades.

Monday, June 16th through Friday, July 11th
M-F 8:30AM - 12:30PM

It is critical that students are here every day and are on time.

Dual enrollment is available for both summer school and summer camp.

Students who are enrolled in summer school may be enrolled in summer camp for a 50% discount.
When summer school ends, students can remain in summer camp but the weekly tuition must be paid in full
For the remaining two weeks of camp.

Requirements:

- Daily and punctual attendance is required. Unexcused absences in excess of 2 may result in non-promotion. Absences can be excused only by a Doctor's note or prior approval by the Principal.
- Students **MUST** be on time. If they are late to class, they may not be admitted depending on circumstances.
- Students will follow standard school behavioral guidelines. Students who are not compliant will be dismissed.
- All assignments are to be **fully completed**.
- Students will **show a desire to improve** and a **positive attitude** and must put forth their best effort.
- Uniforms are not required, but clothing must be appropriate for school.
- Students should bring a snack each day.
- All materials are provided

Cost: Tuition \$460.00
Registration and Materials 65.00
(25% Sibling Discount)

Fees can be paid in installments but must be paid in full by the first day of summer school unless prior arrangements have been made with Mrs. Noel.

Holy Cross Lutheran School

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Holy Cross Lutheran School
Summer School Registration

Student Information:

Name: _____ Age: _____
Date of Birth: _____ S.S#: _____
Current School: _____ Grade: _____
Address: _____
Home phone: _____

Parent's Name: _____

Address (if different) _____
Home phone: _____ work or cell _____
Employed by: _____
S.S #: _____

Emergency Contact Info (in the event a parent cannot be reached)

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Health Information:

Physician: _____ Phone: _____
If yes, please provide complete information
Any chronic conditions? _____
Any allergies? _____
Any physical limitations? _____
Any regular medication? _____

Dismissal Options: Summer School ends promptly at 12:30

Students may: (Select one option)

- Be co-enrolled in Summer Blast Summer Camp (payment is required)
- Go home at 12:30 each day.

Who will be picking up your child from Summer School :

Please see reverse side

Signature and Attestation:

My signature attests to

- My desire to have my child enrolled in Holy Cross School Program
- My understanding that summer school begins at **8:30** each day and that my child must be **present** and **on time**. Absences and/or excessive tardies may result in my child not meeting the requirements for successful completion of summer school.
- My understanding that summer school ends at **12:30** and that I must make arrangements for my child to be picked up at that time or be enrolled in Summer Camp (K-5 only without prior approval)
- My willingness to support the school in helping my child reach his/her full potential by making sure that all **homework is completed on time**.
- My understanding that a **progress report will be sent home each week** and it is my responsibility to review it, address it with my child and return it to school the following day.
- My understanding that all work not completed during class time must be completed as homework.
- My understanding that summer school tuition and registration fees must be **paid in full** prior to the beginning of the program.
- My understanding that my child **must complete all** assigned summer school class-work, homework and tests with an average grade of **75%** or greater to pass summer school.

Parent's Name: _____ (printed)

Parent's Signature: _____

Date: _____