

Western Suffolk BOCES Regional Summer School 2021 Student Registration Form

PLEASE PRINT CLEARLY

✓ APPROPRIATE BOXES

STUDENT NAME _____
LAST FIRST MI

FEMALE MALE DATE OF BIRTH ____/____/____ AGE ____ LANGUAGE _____

ADDRESS _____ HOME PHONE _____
NUMBER STREET CITY ZIP

PARENT/
 GUARDIAN NAME (PRINT) _____ WORK/CELL PHONE _____
PARENT/ LAST FIRST

GUARDIAN E-MAIL _____ EMERGENCY CONTACT _____ EMERGENCY# _____

HOME DISTRICT: Please check one (A shaded box indicates a district is participating in the Regional Summer School)

Amityville		Babylon		Cold Spring Harbor		Commack		Copiague	
Deer Park		Elwood		Half Hollow Hills		Harborfields		Huntington	
Kings Park		Lindenhurst		North Babylon		Northport-East Northport		Smithtown	
South Huntington		West Babylon		Wyandanch		Other: _____			

Please place a check in the box to the **right** of the Course(s) you wish to enroll in.

Secondary Courses		Elementary Enrichment	
English 7		Global History I	
English 8		Global History II	
English 9		US History	
English 10		Government/Economics	
English 11		Science 7	
English 12		Science 8	
Health		Earth Science	
Math 7		Living Environment	
Math 8		Grade 6 Science/Math	
Geometry		Grade 6 English/Social Stud.	
Algebra I		Spanish I	
Algebra II		Spanish II	
Social Studies 7		ENL Beginner	
Social Studies 8		ENL Intermediate	
Chemistry		Physical Education	
ENL Algebra			
ENL Global			
ENL Living Environ.			
Senior Seminar			

* Note: Max of 2 periods may be scheduled*

ALL ITEMS BELOW MUST BE COMPLETED BY THE HOME SCHOOL DISTRICT OR REGISTRATION WILL NOT BE ACCEPTED

HOME DISTRICT BEDS CODE _____ FOR 2021-22 SCHOOL YEAR: GRADE LEVEL _____

SCHOOL ATTENDED _____ SCHOOL BEDS CODE _____

HOME DISTRICT STUDENT ID # (MAX OF 9 DIGITS) _____ STUDENT E-MAIL _____

Are all required health immunizations up to date and on file in the home school? Yes No

**Student has an IEP Yes No **Student has a 504 Yes No **Please attach a CURRENT copy to this form

ENL Student Yes No Exam in Alternate Language Yes No Please specify language _____

Home School Principal/designee signature (REQUIRED) _____ Home School Phone # _____

PARENTAL CONSENT

Fees for Non-participating District Students: Secondary Courses: \$170 per course, per student / Elementary Courses: \$113 per ELA & Math course
 Money Order only (Payable to host district)

All fees must be paid in full at registration. NO REFUNDS will be made except in the case of cancellation of a class for insufficient enrollment.

Registration is NOT TRANSFERRABLE TO ANOTHER CAMPUS unless required by Western Suffolk BOCES for enrollment purposes.

Parent/Guardian Signature (REQUIRED) _____ Date _____