

Western Suffolk BOCES Regional Summer School 2016

Student Registration Form

STUDENT NAME _____

LAST

FIRST

MI

FEMALE

MALE

DATE OF BIRTH ____/____/____

AGE _____

ADDRESS _____

NUMBER

STREET

CITY

ZIP

HOME PHONE _____

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 (limited)	Northport-East Northport	Smithtown
South Huntington	West Babylon	Wyandanch	Other:	

Please place a check in the box to the **right** of the Course(s), Examination(s) and/or Review Class you wish to enroll in.

Courses in Bold are Regents level courses that terminate in a Regents Examination (R) in August 2015.

Students must have completed 1200 minutes of laboratory experience prior to registering for Regents Level Science courses.

Courses		Regents Examinations	Review Class (Only one)										
English 7	Social Studies 7	Algebra2/ Trigonometry CC	Algebra2/ Trigonometry CC										
English 8	Social Studies 8	English (Common Core)	English (Common Core)										
English 9 (CC) (R)	Global History I	Algebra 1 (Common Core)	Algebra 1 (Common Core)										
English 10	Global History II (R)	Geometry (Common Core)	Geometry (Common Core)										
English 11	US History/Government (R)	Global History	Global History										
English 12	Government/Economics	US History/Government	US History/Government										
Health	Science 7	Earth Science ***	Earth Science***										
Math 7	Science 8	Living Environment	Living Environment										
Math 8	Earth Science *** (R)	Chemistry	Chemistry										
Geometry	Earth Science Lab Hours (R)	Algebra2/Trigonometry	Algebra2/Trigonometry										
Geometry (CC) (R)	Living Environment (R)	*** All students taking the Earth Science Regents are <u>required</u> to take the Lab Performance examination as well											
Algebra 1(CC) (R)	Living Envir. Lab Hours (R)												
Algebra2/Trig (R)	Chemistry (R)												
Algebra2/Trig (CC) (R)	Chemistry Lab Hours (R)												
Spanish	Grade 6 Multidisciplinary	RCT Examinations											
Physical Education	ESL Global History	RCT Reading	<table border="1"> <thead> <tr> <th colspan="2">Course Schedule *</th> </tr> <tr> <th>Period</th> <th>Room</th> </tr> </thead> <tbody> <tr> <td>Period 1</td> <td></td> </tr> <tr> <td>Period 2</td> <td></td> </tr> <tr> <td>Period 3</td> <td></td> </tr> </tbody> </table>	Course Schedule *		Period	Room	Period 1		Period 2		Period 3	
Course Schedule *													
Period	Room												
Period 1													
Period 2													
Period 3													
Senior Seminar	ESL	RCT Writing											
	ESL Algebra	RCT Math											
		RCT Science											
		RCT Global											
		RCT US History											

* 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 2015-16 SCHOOL YEAR: GRADE LEVEL _____

SCHOOL ATTENDED _____ SCHOOL BEDS CODE _____

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

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

ESL 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: \$293 per course ---- \$117 per review class ---- \$93 per examination

Personal Check, Bank/Certified Check or Money Order only (Payable to host district South Huntington UFSD)

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.

Parent/Guardian Signature (REQUIRED) _____ Date _____

PLEASE ATTACH A COPY OF THE STUDENT'S REPORT CARD TO THIS REGISTRATION FORM