



Buchanan High School
2021 Summer School
Registration

_____/_____/_____
Student First Name Student Last Name Date of Birth

Mailing Address City State Zip

_____/_____/_____
Student Cell Phone Number Parent Cell Phone Number Parent Name

_____/_____
Student email address Parent email address

Grade level: 8 9 10 11 12 (Please circle)

Are you a student athlete? YES NO (Please circle)

Courses requesting (list all needed, courses will be assigned one at a time):

I certify that the above information is true and as accurate as possible. I understand I must take a final exam (in-person) to pass the class. I understand that online access will end at noon on August 12, 2021, no extensions.

Student Signature Date

Parent Signature Date



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Buchanan Summer School Student Contract

I understand the following:

1. Student is responsible for their own work.
2. Student is responsible to ensure they have a working, internet-ready computer from which to complete the class or work in the Buchanan High School Summer School Lab, June 21st – August 13th, Monday – Thursday, 8:00am – noon.
3. One class will be assigned to the student as a time.
4. Courses must be completed with a total score of a 60% or better to earn credit. Summer School access will close at noon on August 12, 2021.
5. 8th graders enrolled in Summer School are required to attend in person instruction from 8:00am – noon, Monday through Thursday. Breakfast and Lunch will be provided.
6. The student will be contacted weekly by their mentor/teacher to discuss student progress.
7. For this school year only, courses are offered free of charge.
8. Students are encouraged to take notes that can be used on quizzes/ tests/final exams. Cell phones are not permitted during the final exams, and must be completed in-person in our Buchanan Summer School Lab.
9. If you experience any software issues while online, please contact our IT Help Desk at 1-800-297-2119.

STUDENT:

_____/_____/_____
Signature Phone# Email

PARENT:

_____/_____/_____
Signature Phone # Email

BHS SUMMER SCHOOL COORDINATOR:

_____/_____
Signature Date