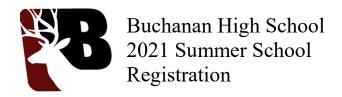


Student First Name	Student Last Name	Date of 1	Birth
Mailing Address	City	State 2	 Zip
Student Cell Phone Number	_/Parent Cell Phone Number	/	 Namo
Student Cen Phone Number	raient Cen Phone Number	Palent :	Name
Student email address		Parent email address	
Grade level: 8 9 1 Are you a student athlete?	,		
Courses requesting (list all ne	ded, courses will be assigned one a	at a time):	
	tion is true and as accurate as poss the class. I understand that onlin		
Student Signature		Date	
Parent Signature		Date	



## Buchanan Summer School Student Contract

## 1 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 21<sup>st</sup> August 13<sup>th</sup>, 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. 8<sup>th</sup> 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 SC	CHOOL COORDINATOR:		
		/	
Signature		Date	