



2020 Arlington Public Schools (APS) SECONDARY Summer School Registration Form

Payment due in full with registration, please make check payable to Arlington Public Schools

PART 1: TO BE COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT)

ONLY ARLINGTON RESIDENT STUDENTS WHO QUALIFY FOR FREE OR REDUCED-PRICE MEALS DURING THE SCHOOL YEAR ARE ELIGIBLE TO PAY REDUCED SUMMER SCHOOL FEES. DOES YOUR CHILD QUALIFY FOR FREE OR REDUCED-PRICE MEALS? YES NO
VERIFICATION OF STATUS WILL OCCUR WHEN PROCESSING YOUR FORM.)
SCHOLARSHIPS ARE AVAILABLE ON A LIMITED BASIS. PLEASE CHECK WITH THE PRINCIPAL AT YOUR CHILD'S SCHOOL FOR MORE INFORMATION PRIOR TO SUBMITTING THIS REGISTRATION FORM.

APS Student ID# _____ Non-APS Student

Student Last Name _____ First Name _____

School 2019-20 _____ Grade 2019-20 _____

Age _____ Date of Birth _____ / _____ / _____

Home Language _____ Is student English proficient? Yes No

Address _____ ZIP _____

Parent/Guardian _____ Phone _____

Email _____

Emergency Contact _____

Emergency Phone _____

Medications/Medical Problems _____

Students may register for a maximum of one New Work course or two Make-Up and Strengthening courses; only students who previously failed English 8, Math 8, or Physical Science 8 are allowed to retake those courses in Summer School. Registration forms and checks for the Outdoor Lab must be submitted to the APS Science Office, 2110 Washington Blvd, Arlington, VA 22204. Please do not combine payment for siblings. If students wish to take a second course in addition to the Outdoor Lab, they must submit a separate registration form and check to the registrar at their school by the appropriate deadline.

BUS TRANSPORTATION WILL ONLY BE PROVIDED BEFORE FIRST PERIOD AND AFTER SECOND PERIOD.

Name of Course #1 _____ Online: Yes No

Course Code _____ \$ _____ Location _____

Preferred period _____ (cannot be guaranteed)

Name of Course #2 _____ Online: Yes No

Course Code _____ \$ _____ Location _____

Preferred period _____ (cannot be guaranteed)

I understand that my child will only be allowed three absences (two for new work classes) and will be withdrawn on the subsequent absence. I also understand that NO REFUNDS will be given for strengthening programs, except if my child registers for a credit-bearing course that s/he passes during the school year, or if my child registers for an enrichment or New Work course and needs to change to a strengthening course. In addition, I also understand that partial refunds for New Work courses may be granted in the case of extended student illness (with a doctor's note), a death in the immediate family, or transfer outside of Arlington. Furthermore, I understand that refund requests must be submitted to the registrar who took the original form and payment by June 26.
SECONDARY WELCOME LETTERS, SCHEDULES AND BUS ROUTE INFORMATION WILL BE AVAILABLE ELECTRONICALLY IN PARENTVUE AS OF JULY 2, 2020.
PLEASE CHECK HERE ONLY IF YOU WOULD LIKE A HARD COPY MAILED TO YOU:

Signature of Parent/Guardian _____ Date _____

PART 2: TO BE COMPLETED BY CURRENT TEACHER OR CASE CARRIER, IF APPLICABLE (PLEASE PRINT)

Teacher Name _____ Teacher Tel. _____

Does the student meet the eligibility criteria for the course? Yes No

Does the student have an IEP? Yes No

Does the student qualify for Extended School Year (ESY) services? Yes No

Signature of Recommending Teacher (required for all courses except Outdoor Lab; must be signed by ELD or SPED teacher for students enrolling in those programs): _____ Date _____

Signature of Counselor (required for New Work courses): _____ Date _____

TO BE COMPLETED BY SUMMER SCHOOL REGISTRAR AND SCHOLARSHIP AUTHORIZER:

(All forms must be accompanied by payment except in the case of authorized McKinney-Vento, Summer Literacy Academy or principal scholarships, or students with ESY services.)

Registering Location _____

Date Registration Form is Submitted _____ / _____ / _____

Summer School Site _____

Total Paid By Parent _____

Scholarship Source and Amount _____

Scholarship Authorized By _____