

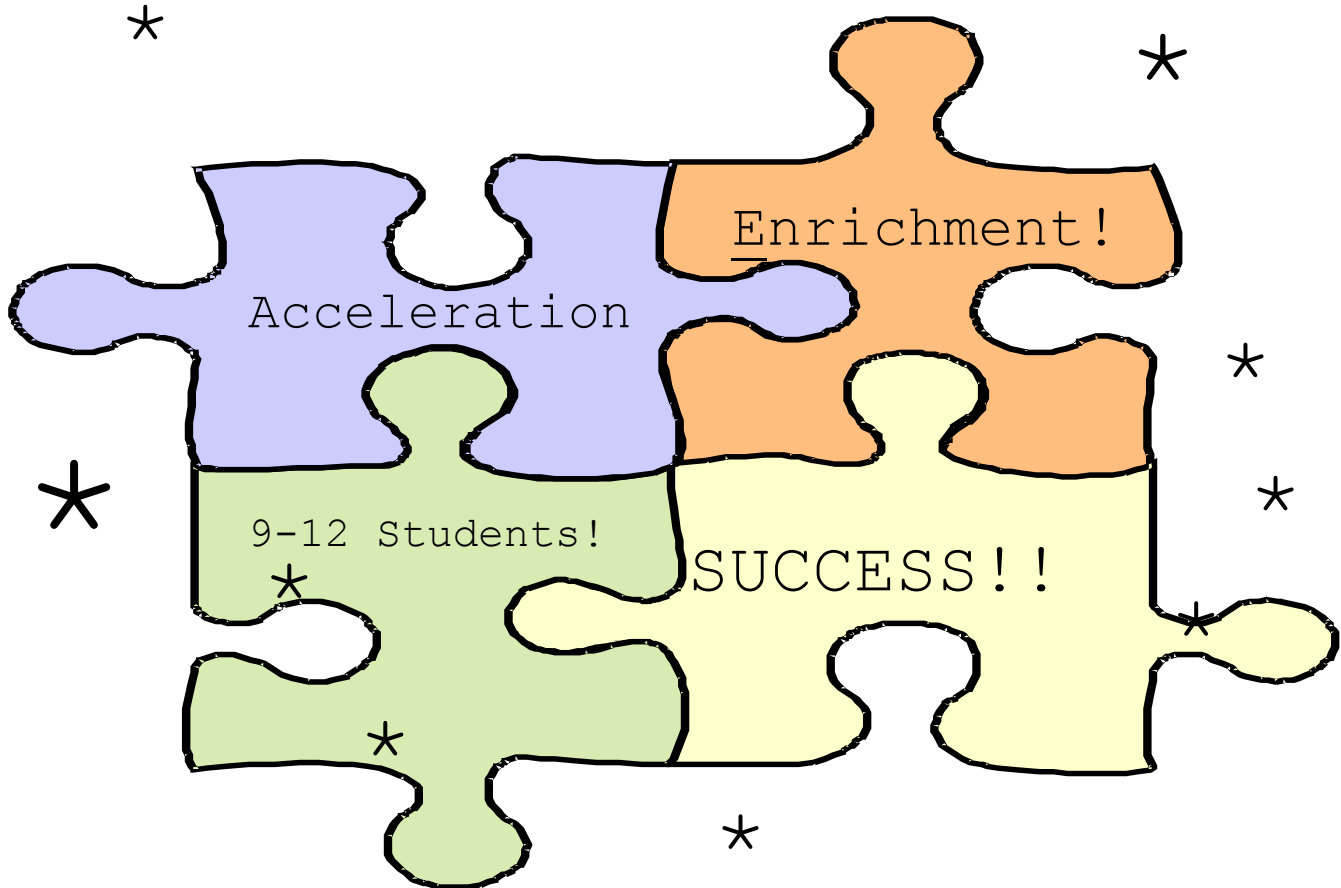


Canby School District  
*SUMMER 2018*

ACCELERATION & ENRICHMENT  
*E-LEARNING*

JUNE 25TH – JULY 18<sup>TH</sup>

Canby School District invites you to the 2018 A & E Academy!  
Learning opportunities designed to meet individual  
needs for 9<sup>th</sup> through 12<sup>th</sup> grade students!



**\* INFORMATION \* REGISTRATION FORM \***

Join our teachers in exciting learning opportunities.

- *Classes are open to students in grades 9-12: Classes from June 25-July 18, 2018.*

**REGISTER TODAY!**

*And*

***Attend Orientation Night on June 20<sup>th</sup> at 6:30p.m***

*More information call the CHS Counseling Center at 503.263.7219 .*

---



# e-Learning FOR HIGH SCHOOL

Canby Summer Program 2018

## Description

Math and Language Arts classes will be offered to students for both credit recovery and acceleration. (ask your counselor about additional classes). The majority of e-Learning will be online; however, in-class attendance is required at least 10 out of 16 days. All e-Learning courses require an orientation meeting, class attendance, quizzes, tests, and regularly scheduled meetings with the course instructor.

## Who may attend?

Students who will be enrolling in grades 9-12 in the fall of 2018. Counselor or teacher recommendation is required.

## How much does it cost?

Tuition is \$150 per class. Write the check to the Canby School District. Limited scholarships are available.

## When is it?

First day of school is Monday, June 25, 2018. Last day of school is Wednesday, July 18, 2018.

### June

S	M	T	W	T	F	S
	25	26	27	28	29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	20	21	22

**Time:** A calendar of daily lab times will be available at orientation on Wednesday, June 20<sup>th</sup>.

**Place:** The Media Center at Baker Prairie Middle School

**How do I register?** Return registration form and fee (or scholarship application) by June 10<sup>th</sup> to the front office of Canby High School.

**Orientation:** All e-learning students are required to attend an orientation session at 6:30p.m. in the Media Center at Baker Prairie on Wednesday, June 20<sup>th</sup>.

**Questions:** Call Canby High School (503) 263-7219

# REGISTRATION FORM

To register your child, complete this form and submit or mail by June 10<sup>th</sup> to: CHS



For further information contact:  
CANBY HIGH SCHOOL at 503-263-7219

## STUDENT INFORMATION

Student Last Name \_\_\_\_\_

Student First Name \_\_\_\_\_

Birth Date (mo/day/yr) \_\_\_\_\_

Gender  M  F

During the regular school year, mark if your student gets any of these academic services:

Title IA  Special Education Services (IEP)  TAG

LAST SCHOOL YEAR INFO 2017-18 School \_\_\_\_\_

2017-18 Teacher (or CHS Counselor) \_\_\_\_\_

Recommended class: \_\_\_\_\_

2017-18 Grade Level (circle) 9 10 11 12

## STUDENT'S ADDRESS

Street Address \_\_\_\_\_

Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## PARENT 1

Parent/Guardian Name #1 \_\_\_\_\_

Home - Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Call in emergency?  Yes  Call Emergency Contact

## PARENT 2

Parent/Guardian Name #2 \_\_\_\_\_

Home - Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Call in emergency?  Yes  Call Emergency Contact

## EMERGENCY INFORMATION

EMERGENCY Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell/Work Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Allergies (specify) \_\_\_\_\_

Other Medical Problems: \_\_\_\_\_

## TRANSPORTATION

Designated bus stop transportation is available

SELECT ALL BOXES THAT APPLY to request TRANSPORTATION:

- AM -Bus Home Address same as above
- AM -Bus Alternate Address: \_\_\_\_\_
- AM -No Bus Requested: Walking Zone or parent drop off (circle one)
- PM -Bus Home Address same as above
- PM -Bus Alternate Address: \_\_\_\_\_
- PM -No Bus Requested: Walking Zone or parent pick up (circle one)

## AUTHORIZATIONS

**MEDICAL TREATMENT:** I agree that medical treatment may be given to my child  Yes  No

I understand that the school assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation AND that every attempt will be made to reach me first.

\_\_\_\_\_  
Parent/guardian signature (required) Date \_\_\_\_\_

Office Only: Other programs \_\_MV \_\_Migrant \_\_Free or Reduced Lunch

# 2018 E-Learning Summer Academy Scholarship Application

Student Name \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

Last School Attended \_\_\_\_\_ Grade \_\_\_\_\_

Are you a first time scholarship applicant? \_\_\_\_ yes \_\_\_\_ no

Did you participate in any of the following programs during the school year?

\_\_\_\_ Reduced Lunch Program

\_\_\_\_ Free Lunch Program

\_\_\_\_ Homeless Program

Are you experiencing any of the following?

\_\_\_\_ Behind in credits toward graduation

\_\_\_\_ Extenuating medical circumstances

\_\_\_\_ Financial need

Do you presently have Internet access at your home? \_\_\_\_ yes \_\_\_\_ no

Are there any anticipated interruptions during the required timeline for classes July 5th – July 26<sup>th</sup>?

\_\_\_\_ yes \_\_\_\_ no

If yes, explain.

---

---

---

---

Date Received: \_\_\_\_\_  Registration Entered  To STA  To Head Teacher  
 Check # \_\_\_\_\_ (date \_\_\_\_\_)  Scholarship Awarded YES NO  Date Refund Requested: \_\_\_\_\_  PO # \_\_\_\_\_ (date: \_\_\_\_\_)

*For students who start late/end early:*  First Day of Enrollment: \_\_\_\_\_  Withdraw Date : \_\_\_\_\_