

Summer School 2016

April 8th, 2016

Dear Parents/Guardians,

Your child, _____, has shown that he/she qualifies for our Summer School Remediation Program due to:

- a. Below average scores on the PARCC/AIR Tests
- b. Below average scores on District Wide Assessments
- c. Teacher recommendation
- d. Previous poor academic performance
- e. Parent recommendation

Summer School will be held Monday through Thursday from 8:00am - 11:00am and is schedule July 25, 2016 thru August 11, 2016.

If you plan to waive the right to have your child attend this program being offered at Eastern Elementary, please sign below and return to your child's principal **NO LATER THAN FRIDAY, MAY 20th.**

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If you have any questions or concerns, please call 419-884-3610 at Eastern or the school that your student attends.

Sincerely,

Buddy Miller
Principal, Eastern Elementary

I, the parent/guardian of _____, waive the right to have
(Child's name)
my child attend the Lexington Summer School Program.

Parent Signature

Date

SUMMER SCHOOL REGISTRATION
July 25, 2016 – August 11, 2016 (Monday-Thursday)
8:00am - 11:00am

Student's Name _____

Age _____

Parent/Guardian Name _____

Address _____ Phone _____

City _____ Zip _____

School Attended: Central _____ Western _____ Eastern _____

Grade Level for the 2015-2016 School Year _____

2015-2016 Classroom Teacher _____

- Due to money available to the district, there is no charge for summer school this year.
- All Board adopted Student Code of Conduct Policies are in effect.
- Transportation is the responsibility of the parent.
- Students are expected to be in regular attendance.

**PLEASE RETURN TO THE SCHOOL OFFICE AS SOON AS POSSIBLE AND
DEFINITELY NO LATER THAN MAY 20th, 2016**

**PLEASE FILL OUT THE MEDICAL FORM ON THE BACK OF
REGISTRATION FORM. IF IT IS NOT FILLED OUT, YOU WILL NOT BE
OFFICIALLY REGISTERED.**