

Jefferson Joint School District Summer School Application
Application and Check are due to RHS Counseling Office by May 24, 2016

Name: _____ Referring school: _____

Home Address: _____ Phone: _____

Parent/Guardian: _____ Work Phone: _____

Cost of Classes:

Students meeting at-risk criteria: No Cost

Students who have Free/Reduced Lunch: will be charged \$50 per class

Students who do not meet the above two qualifications will be charged \$75 per class

(A class is one individual section: A and B sections are two different classes)

Date of Classes:

Classes will begin on Monday, June 6, 2016.

Classes will end on Thursday, June 30, 2016.

Time of Classes:

Classes will be from 8:00-12:00 and 12:30-4:30.

Place of Classes:

Classes will be held at Rigby High School.

Special Education: YES or NO (PLEASE CIRCLE ONE DOCUMENTATION)

School will verify any approved accommodations.

Please list three classes you need to take and be specific.

1. _____

2. _____

3. _____

At-risk requirements

Any three of the following:

1. Repeated a grade
2. Absent more than 10%
3. GPA of less than 1.5
4. Failed basic skill subject
5. Two or more semester or trimester credits behind

OR

Any one of the following:

1. Substance abuse
2. Pregnant or a parent
3. Emancipated student
4. Previous Dropout
5. Behavioral problems
6. Court referral

Counselor must circle qualifying criteria.

Counselor signature Date

Student signature Date

Parent signature Date