

Nashua School District Secondary Summer School

HIGH SCHOOL REGISTRATION PACKET

Grades 9-12 Summer School Class Information:

DATES: Monday through Friday
July 1, 2024 through July 26, 2024
(No class July 4 or July 5)

LOCATION: NASHUA HIGH SCHOOL SOUTH
36 Riverside Street Nashua, NH 03062
(603) 966-2420

TIME: Breakfast: 7:30 am – 7:55 am **Session 1:** 7:55 am – 10:00 am
Lunch: 12:00 pm – 12:30 pm **Session 2:** 10:00 am – 12:00 pm

CONTACT: Questions? Regina Buckley ncll@nashua.edu

**Summer School Graduation will be held on Thursday July 25th at 6:00 pm
at Nashua High School South Auditorium**

Students who plan to take summer school credit courses must consult with their Guidance Counselor prior to registration to guarantee acceptance of “make-up” credit.

**Students may take up to TWO courses per summer.
Students cannot participate in Summer School and Drivers Ed.**

2024 NASHUA SCHOOL DISTRICT SUMMER SCHOOL – GRADES 9-12

July 1, 2024 – JULY 26, 2024

7:55 am to 12:00 pm

1. Before attending the walk-in registration dates below, please make sure all your forms are completed including the required attached student health form. This will expedite the process. Checks are made payable to the NSD Secondary Summer School.

Walk-In Registration is at **Nashua High School North** in front of the main office – 8 Titan Way, Nashua, NH 03063

Dates: Tuesday, June 25 11:00 am – 3:00 pm

Wednesday, June 26 4:00 pm – 7:00 pm

Walk-In Registration is at **Nashua High School South** in front of the main office

Dates: Monday, June 24 11:00 am – 3:00 pm

Tuesday, June 25 4:00 pm – 7:00 pm



These courses will be offered during our summer program.

Space is limited, so make sure to register early.

Priority will be given to Seniors who are graduating in July.

All students need to be enrolled prior to JUNE 27th

COURSE FEES

\$100 per course for ALL Nashua Residents

\$200 per course for ALL Non-Nashua Residents

\$35 per course for ALL free/reduced lunch students

Please make a check payable to the NSD-Secondary Summer School.

No refunds after June 30th.

ATTENDANCE POLICY: Attendance is expected daily. Students exceeding two (2) absences will be dropped from the class and will not receive credit. Late arrivals exceeding 40 min will be counted as an absence. Two late arrivals of any length count as an absence. There is no refund for students who exceed the number of missed classes.

DISCIPLINE POLICY: Students are subject to the Nashua School District's Board of Education approved Student Behavior Standards. **Core values ARE expected. Students who fail to meet expectations will be removed from the program.**

TRANSPORTATION: Parent and/or Student Responsibility - There will be busses from the local elementary schools to the high school. Arriving at South by 8 am and leaving South at 12:10pm.

FOOD SERVICES: The Nashua High School South cafeteria will be open to serve free breakfast and lunch to all students enrolled in summer programs beginning July 1st and ending July 31st. The serving time will be limited to:

Breakfast: 7:30 – 7:55 am Lunch: 12:00 – 12:30 pm

DATA COLLECTION

The State of New Hampshire requires that we collect data on our adult education program. This information will be kept confidential and used to help improve our programs. Please answer all questions.

1. Do you speak a language other than English? Yes ___ Please list: _____ No ___

2. Race (check all that apply): American Indian or Alaska Native ___ Asian ___ Black or African American ___
Native Hawaiian or Other Pacific Islander ___ White ___

3. Ethnicity: Hispanic or Latino ___ Not Hispanic or Latino ___

4. Do you have access to the internet at home? Yes ___ No ___

If no check the reason: Internet is not available at home ___ I am unable to pay for internet access ___

Check all devices you have at home: cell phone ___ computer desktop ___ computer laptop ___

5. Employment: Employed ___ Employer Name _____ Hourly Rate _____
Unemployed ___ Not in Labor Force ___

6. Are you enrolled in any workforce training programs like: WIOA, TANIF, SNAP Other: _____

7. Primary Goal (select one): Enter Employment ___ Retain Employment ___ Obtain Diploma ___ Prepare for college ___
Other (please specify) _____

8. Birth Country: United States ___ Other (Please specify) _____

9. If you register at another adult education center may we share data with them? Yes ___ No ___

10. Interpreter Required? Yes ___ No ___ Translation Requested? Yes ___ No ___

BELOW IS FOR OFFICE USE ONLY

\$35 Reduced ___ \$100 Full Fee ___ \$200 Out of District ___ Tuition Total _____

Payment: Cash ___ Check # _____ Accepted By _____ Date _____

Date Received in Adult Ed _____ Received By _____

**NASHUA SCHOOL DISTRICT
HEALTH HISTORY**

Student Name _____ Address _____

Date of Birth _____ Grade _____

Please fill out the following health information on your child. A health record is kept on each child and needs to be updated each year.

1. Has your child had **(please give age or date)**:

Chicken Pox _____	Measles _____	German Measles _____
Whooping Cough _____	Mumps _____	Poliomyelitis _____
Ear Infections _____	Strep Throat _____	Pneumonia _____
Tuberculosis _____	Hepatitis _____	Mononucleosis _____
Scarlet Fever _____		

2. Does your child have:

Asthma _____ Diabetes _____ Epilepsy _____ Seizures _____ Cerebral Palsy _____
Deafness _____ Blindness _____ Headaches _____

Serious, Life Threatening Allergies _____

Heart Condition or Heart Defect _____

Is your child toilet trained and able to use the bathroom on his/her own? ___ Yes ___ No

3. Has your child had any operations? _____ Describe _____

Has your child had any serious illnesses or accidents? _____ Describe _____

4. Does your child have any allergies? _____ What? _____

5. Does your child take any pills, medicine or treatment? If "YES", what for? _____

PLEASE NOTE: NO MEDICATION MAY BE ADMINISTERED TO YOUR CHILD WITHOUT A WRITTEN DOCTOR'S NOTE, A RELEASE FORM SIGNED BY THE PARENT OR GUARDIAN, AND THE MEDICATION IN A CLOSED, LABELED CONTAINER. THE PRESCRIPTION BOTTLE **DOES NOT** SUFFICE FOR A DOCTOR'S NOTE.

6. Does your child wear glasses, hearing aid or other appliance? _____

7. Are there any health problems not mentioned? Please explain. _____

DATE _____ **PARENT OR GUARDIAN'S SIGNATURE** _____

DISTRITO ESCOLAR DE NASHUA

HISTORIAL DE SALUD

Nombre del Estudiante _____ Dirección _____

Fecha de Nacimiento _____ Grado _____

Por favor sírvase completar el siguiente formulario con información pertinente a la historia médica de su hijo o hija. Este historial médico deberá actualizarse cada año escolar.

1. Si su hijo(a) ha tenido lo siguiente: (por favor anote la edad o la fecha)

Vericela _____ Sarampión _____ Sarampión alemán _____

Tos ferina _____ Paperas _____ Poliomyelitis _____

Tuberculosis _____ Hepatitis _____ Mononucleosis _____

Fiebre Escarlatina _____

2. Tiene su Hijo(a):

Asma _____ Diabetes _____ Epilepsia _____ Convulsiones _____ Palsy Cerebral _____

Sordera _____ Ceguera _____ Dolores de Cabeza _____

¿Alergias severas que le ponen en peligro la vida? _____

Defectos congénitos en el corazón u otros defectos del corazón _____

¿Está su niño(a) entrenado(a) para ir al baño solo(a)? ___ Si ___ No

3. ¿Ha tenido su hijo operaciones quirúrgicas? _____ Por favor indique el tipo y la fecha _____

¿Enfermedades muy serias o accidentes? _____ Por favor indique el tipo y la fecha _____

4. ¿Tiene su hijo(a) alergias? _____ ¿A qué? _____

5. ¿Está su hijo(a) tomando medicamentos, píldoras o tratamientos? _____ Si la respuesta es sí, por qué o para qué? _____

NOTA: NINGÚN MEDICAMENTO SE LE ADMINISTRARÁ A SU HIJO(A) SIN UNA NOTA ESCRITA POR SU DOCTOR Y EL PERMISO FIRMADO POR EL PADRE O APODERADO.

6. ¿Tiene su hijo(a) lentes o ayudas auditivas u otras necesidades? _____

7. ¿Tiene otros problemas de salud no mencionados? Por favor explique. _____

FECHA _____ FIRMA DEL PADRE O APODERADO _____

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Nashua School District Academic Departments in order to waive specific class fees.**

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

**Return this form to:
Regina Buckley
Nashua High School South/Summer School Program
36 Riverside St, Nashua, NH 03062
603-966-2420**