

SECONDARY SUMMER SCHOOL 2017 • CREDIT RECOVERY AND FULL CREDIT APPLICATION FORM Administrative Copy



**WINDSOR-ESSEX CATHOLIC
DISTRICT SCHOOL BOARD**
Learning Together in Faith and Service

COURSE SELECTION

Please select a course and indicate whether it will be taken through CREDIT RECOVERY (35% -49%) or as a FULL CREDIT course.

Course Selection	<input type="text"/>	<input type="checkbox"/> CREDIT RECOVERY <input type="checkbox"/> FULL CREDIT
Alternate Selection	<input type="text"/>	<input type="checkbox"/> CREDIT RECOVERY <input type="checkbox"/> FULL CREDIT

Students that have passed a course are not eligible to take credit recovery. An alternate course (credit recovery **or** full credit) is recommended.

* Students are permitted to take one or both halves of Careers and Civics. Please be sure to explicitly indicate whether a student is applying for a particular half of the course, or the course as a whole.

For Cooperative Education credits, please complete the separate *Cooperative Education Application Form*.

Registration deadline is **June 2, 2017**. Late applications will be placed on a waiting list. Course offerings are dependent on sufficient enrollment, and may need to be revised accordingly.

LOCATION

FJ BRENNAN HIGH SCHOOL

910 Raymo Rd • Windsor, ON

CREDIT RECOVERY (July 6 to July 26)

FULL CREDITS except OLC4O (July 4 to July 31)

CATHOLIC CENTRAL HIGH SCHOOL

441 Tecumseh Rd E • Windsor, ON

OLC4O FULL CREDIT (July 4 to July 31)

PERSONAL INFORMATION: PLEASE PRINT NEATLY

OEN#	<input type="text"/>	Current Grade	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Last Name	<input type="text"/>	First Name	<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> F	
Date of Birth	<input type="text"/>	School	<input type="text"/>			
Address/ Postal Code	<input type="text"/>	Contact	<input type="text"/>			
		Telephone	<input type="text"/>			
Medical Alert/Condition	<input type="text"/>					
Emergency Contact	<input type="text"/>	Emergency Contact Phone	<input type="text"/>			

EXPECTATIONS

The following constitutes the conditions of acceptance into the Summer School program. Your signature indicates your acknowledgment and agreement.

All classes are from **8:30 AM to 12:30 PM** (credit recovery) or **2:30 PM** (full credit). • A student **must attend on the first day** or he/she will be removed from the program. • The **maximum absence** allowed is **one day for credit recovery** courses, and **two days for full credits**. Additional absences will result in removal from the program. • A student who is late for class more than three times will be removed from the program. • Exams **must be written on the final day** of the course. **No exceptions will be considered.** • All students are subject to the WECDSB Code of Conduct. Failure to comply will result in removal from the program.

Student Signature

Date

Parent Signature (< 18)

COUNSELLOR'S STATEMENT

This student is eligible to take the course for which he/she has applied, and is capable of completing it successfully.

Counsellor Signature

Date

FOR OFFICE USE ONLY

Date Initials