

May 11, 2017

Dear Parent or Guardian:

You are receiving this letter because your child either failed a course or is currently in jeopardy of failing a course. In order to stay on track for graduation, we strongly encourage your child to attend Summer School to earn required credits for failed coursework.

Summer School will be held four days per week beginning **May 30th** and ending **June 15th**.

We will offer two time slots:

- Session 1: 7:15 a.m. – 9:15 a.m. (1st semester)
- Session 2: 9:30 a.m. – 11:30 a.m. (2nd semester)

There may be a second session of Summer School added. If so, the dates are June 26th – June 29th and July 10th – July 20th. Summer School will be closed the week of July 3rd to observe the July 4th holiday.

There is a **\$100 fee** per half credit recovery, or a \$200 fee for a full credit recovery. We accept cash or checks (payable to Zachary High School). Payment is **due by Tuesday, May 30th**.

Bus transportation will be provided. However, **if you do not register by May 25th, please make arrangements to bring your child to school and pick your child up from school the first day.**

Students must observe all school rules during Summer School, and, as always, behavioral issues are unacceptable. There will be **no excused absences**. Attendance is **mandatory**. Behavioral problems or **any absences** will result in removal from the class, thereby losing the opportunity to recover the needed credit with no refund. **Students must wear uniforms and their school ID.**

The attached registration form with payment must be completed and returned to the main office. If you have additional questions, please contact your child's counselor via email or by phone at 225-654-2776.

Frank Phinney, 9th grade counselor
Frank.Phinney@zacharyschools.org

Chandra Martin, 10th grade counselor
Chandra.Martin@zacharyschools.org

Shae Lipscomb, 11th grade counselor
Shae.Lipscomb@zacharyschools.org

Megan Kirkindoll, 12th grade counselor
Megan.Kirkindoll@zacharyschools.org

Sincerely,

Tim Jordan

Tim Jordan
Principal

2017 ZHS CREDIT RECOVERY REGISTRATION FORM

Legal Name: _____ **Gender:** M / F
(Last) (First)

Address: _____
(Street/) (City/State) (Zip)

Parent/Guardian Name(s): _____

Home Phone: _____ **Parent Cell:** _____

Parent Email Address: _____

Student Cell: _____

Emergency contact person(s) and phone(s): _____

Is bus transportation needed? Yes _____ No _____

Is there any medical condition we need to be aware of: Yes _____ No _____

If so, please explain: _____

IF MEDICAL ATTENTION IS NECESSARY, I AGREE TO HAVE MY SON/DAUGHTER TAKEN TO A MEDICAL FACILITY AND TO HAVE MEDICAL ATTENTION RENDERED AS DEEMED NECESSARY BY THE ATTENDING PHYSICIAN.

YES _____ NO _____

Student Signature

Parent Signature

Counselor Signature

<p style="text-align: center;"><u>For Office Use:</u></p> <p>Course 1: _____, Semester _____</p> <p>Course 2: _____, Semester _____</p>
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