

June 13, 2017



Dear Parent or Guardian:

In order to stay on track for graduation, we strongly encourage your child to attend our second session of Summer School to earn required credits for failed coursework.

Summer School will be held four days a week. The dates are as follows:

June 26 – 29, 2017

July 10 – 13, 2017

July 17 – 20, 2017

\*\*Summer School will be closed the week of July 3<sup>rd</sup> to observe the July 4<sup>th</sup> holiday.

The courses that will be offered during the second session of Summer School are:

- Algebra I
- Chemistry
- Civics
- Spanish I and II
- World Geography

We will offer two time slots:

- 1<sup>st</sup> semester courses: 7:15 a.m. – 9:15 a.m.
- 2<sup>nd</sup> semester courses: 9:30 a.m. – 11:30 a.m.

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 Monday, June 26<sup>th</sup>**. Please note that bus transportation will NOT be provided.

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 the school at 225-654-2776.

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;"><b><u>For Office Use:</u></b></p> <p>Course 1: _____, Semester _____</p> <p>Course 2: _____, Semester _____</p>
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