There are two options available for high school students needing or wanting to take summer classes.

1. **CREDIT RECOVERY** - utilizing PLATO curriculum for students who failed a required class needed for graduation. Please review the attached list of available classes.

2. **GET AHEAD CREDIT** - utilizing PLATO curriculum for students who wish to take a class during the summer to free up their schedule for fall classes. Please review the attached list of available classes.

**Dates:** June 5 – June 30, 2017 – Monday–Friday - minimum 1 session per day

**Sessions available are:**

- **Session 1** - 8:00 am –10:00 am
- **Session 2** - 10:15 am – 12:15 pm
- **Session 3** - 1:00 pm – 3:00 pm

**Registration:** Register online for classes at the Thompson School District website: Please use the following link: [http://www.thompsonschools.org/Domain/3432](http://www.thompsonschools.org/Domain/3432)

You may also mail a paper registration form to: Coleen Lyman, Thompson School District Administration Building, 800 South Taft Avenue, Loveland, Colorado 80537. High School Counselors have copies of this registration packet.

**Location:** All classes will be held in the computer labs at Ferguson High School, 1101 Hilltop Drive, Loveland, Colorado 80537. **NOTE:** Single point entry for High School Credit Recovery Summer Program will be the SOUTH SIDE THROUGH THE GYM DOORS ONLY.

*** Please do not directly contact Ferguson High School with questions regarding the Credit Recovery Summer Program. Direct all questions to either Vicki Gillis at 970-613-5032 / Vicki.Gillis@thompsonschools.org or Coleen Lyman at Coleen.Lyman@thompsonschools.org.

**Cost:** The cost for each semester class will be $100. **No credit or refund will be given for any incomplete classes.** If you are eligible for free lunches, there is no cost for the semester class. If you are eligible for reduced lunches, the cost is $50 per semester class.

Payment can be made by credit card if registering online. Payment can also be mailed to: Vicki Gillis, Thompson School District Administration Building, 800 South Taft Avenue, Loveland, Colorado 80537.

To request confirmation of your student’s free or reduced lunch status contact Carla Bankes in Nutrition Services at 970-613-5117 (or email her at Carla.Bankes@thompsonschools.org). Email your confirmation letter to: Coleen Lyman at Coleen.Lyman@thompsonschools.org or mail to: Coleen Lyman, Thompson School District Administration Building, 800 South Taft Avenue, Loveland, Colorado 80537. **You will be charged full tuition until the current confirmation letter has been received.**

**Out-of-District Students:** Credit Recovery Summer Program classes are available to students outside of Thompson School District. The cost will be $155. **Please provide current high school transcripts the first day of class.**

If the student needs to complete more than one class during the Summer Program – registration is allowed for the second class ONLY upon completion of the first class. **

Certified teachers can provide individualized assistance if needed.

Please note: ALL attendance, grades, and fee information will be communicated through Parent Portal. Update your family and student information for accurate records.
2017 High School Summer Program  
STUDENT ENROLLMENT FORM  
June 5 – June 30, 2017 – Monday–Friday

High School Counselor Signature (required):  

STUDENT INFORMATION (Please Print)  
Student Name ________________________________  Student ID Number ________  
Mailing Address_________________________________  Home Phone__________  
E-Mail Address_________________________________  
Current School of Attendance____________________  2016-17 Grade Level _________

Please mark the program where your student is currently receiving services.  
___ IEP  ___ 504  ___ ILP  ___ ELA  Eligible for:  ___ Free  ___ Reduced Lunch  

___ I am a potential Division I or II NCAA athlete.  Athletes must meet eligibility requirements for CHSAA.  It is the responsibility of the student to verify NCAA requirements and to maintain documentation.  
Get Ahead Credit and Summer Credit Recovery is NOT available for a NCAA eligible athlete.  

Sessions Available: Please choose which session you will be attending.  
** Multiple sessions are allowed during one day.  

** Session 1  ___  8:00 am - 10:00 am  ** Session 2  ___  10:15 am – 12:15 pm  ** Session 3  ___  1:00 pm – 3:00 pm  

First class choice - CIRCLE one “Sem” course number. (Example 2000 or 2020)  
Second class choice - WRITE the “Sem” course number in the box under “Choice for 2nd Class”.  
*If the student needs to complete more than one class during the Summer Program - registration is allowed for the second class ONLY upon completion of the first class.  

<table>
<thead>
<tr>
<th>Class Name</th>
<th>Sem 1</th>
<th>Sem 2</th>
<th>Choice for 2nd Class</th>
<th>Class Name</th>
<th>Sem 1</th>
<th>Sem 2</th>
<th>Choice for 2nd Class</th>
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<tbody>
<tr>
<td>Algebra I</td>
<td>2000</td>
<td>2001</td>
<td></td>
<td>English 9</td>
<td>1000</td>
<td>1001</td>
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<tr>
<td>Geometry</td>
<td>2020</td>
<td>2021</td>
<td></td>
<td>English 10</td>
<td>1020</td>
<td>1021</td>
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<tr>
<td>Algebra II</td>
<td>2040</td>
<td>2041</td>
<td></td>
<td>English 11</td>
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<tr>
<td>Civics</td>
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<td>4001</td>
<td></td>
<td>English 12</td>
<td>1060</td>
<td>1061</td>
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<tr>
<td>Geography (World)</td>
<td>4088</td>
<td>4089</td>
<td></td>
<td>Speech</td>
<td>1120</td>
<td>1121</td>
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<tr>
<td>History (World)</td>
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<td>4021</td>
<td></td>
<td>Biology</td>
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<td>Modern America</td>
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<td>Geophysical Science</td>
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<td>Life Science</td>
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<td></td>
<td>General Chemistry</td>
<td>3040</td>
<td>3041</td>
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</tbody>
</table>

Each semester class is worth .5 credit. 

ONLINE REGISTRATION IS AVAILABLE – STARTING MARCH 6, 2017

PAYMENT INFORMATION (to be completed by registrar)  

<table>
<thead>
<tr>
<th>Amount Per ½ Credit</th>
<th>Total Due</th>
<th>Amount Paid</th>
<th>Method of Payment</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100 TSD R2-J Student</td>
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<td>$155 Out-of-District Student</td>
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<tr>
<td>$50 Reduced Fee Student</td>
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</tbody>
</table>
STUDENT EMERGENCY INFORMATION
AND MEDICATION RELEASE FORM

THE FOLLOWING INFORMATION MUST BE COMPLETED AND SIGNED

PARENT/GUARDIAN INFORMATION
Please list parent(s) or guardian(s) with whom student lives.
If living with guardian, does guardian have power of attorney for guardianship?  ___Yes  ___No

Father/Guardian_________________________        Home Phone_________________
Employer_________________________        Work Phone_________________

Mother/Guardian_________________________        Home Phone_________________
Employer_________________________        Work Phone_________________

Other Person to Contact If the Above Can’t Be Reached __________________________
Phone __________________________

NAME OF PHYSICIAN: _____________________________        Contact Information: ____________

MEDICATION(S)
Does your child have any chronic health problems (asthma, allergies, food allergies, ADHD, vision or hearing concerns) or any activity restrictions?  ___Yes  ___No  If yes, please list:


Does your child take any daily medications?  ___Yes  ___No  If yes, please list name of medication(s) and times taken:


Is there any other health information concerning your child that the school needs to be aware of?  ____________

MEDICATION RELEASE FORM
I, the undersigned, do hereby authorize officials of the Thompson School District Summer School Program to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of the aforesaid child.  I will not hold the school district responsible.

If school personnel are unable to contact parents named on this form to provide transportation for a sick or injured child, said child will be transported to the hospital, doctor’s office, or home by ambulance or other available transportation.  I agree the school district will not be held financially liable for any transportation costs.

ALL CONCURRENT COSTS WILL BE ASSUMED BY THE PARENTS. IT IS THE PARENT’S RESPONSIBILITY TO KEEP THE EMERGENCY INFORMATION ON THIS FORM CURRENT.

_________________________________        ________________
Signature of Parent or Guardian                                         Date