**Cloverleaf Local School District**

**2017 Summer School Program Packet**

**Cloverleaf High School**

**8525 Friendsville Road, Lodi, Ohio 44254**

**Questions, call the Cloverleaf High School Guidance Office 330-302-0331 or the**

**Summer Registration Line at 330-302-0330**

**Registration begins May 1, 2017**

**Please return pages 2,3,4, and 7 to the high school office to register.**

**All remedial courses must have approval of student’s guidance counselor before registering.**

All courses, with the exception of physical education and specific online classes, may be taken for remedial credit only. Only with the approval of a counselor or principal will students be considered for credit of courses beyond their current grade level.

***Participation in a summer physical education class is often a physical activity in hot and humid conditions. Physical education classes may be held outdoors, in the high school or middle school gym, and/or at the recreation center.***

Note: The 7-8 Remediation course is for the 7th & 8th grade students who failed two or more of the five course requirements. Students will receive instruction in all five subject areas.

**Calendar**

**Session I will be held Monday, June 12, 2017 through Friday, June 23, 2017 from 7:15am to 1:50pm.** Final Reports will be issued to students on Friday June 23, 2017.

**Session II will be held from Monday, June 26-30, 2017 and Monday, July 10-14, 2017 from 7:15am to 1:50 pm.** Final Reports will be issued to students on Friday, July 14, 2017.

**ATTENDANCE POLICY \*\***

The concentration of work in a summer school session requires nearly perfect attendance for credit to be earned. Students who miss more than one day of classroom instruction will be removed from the class and not be granted credit. Punctuality is also expected. Two tardies to a class will be considered as one class absence. It is important for students and their parents to plan summer activities before or after the summer school session. Family vacations will not be accepted as excused absences.

If it becomes necessary to remove any student from a course for attendance or disciplinary reasons, students and parents must realize that fees are nonrefundable.

**FEES**

**Physical Education (Gr. 9-12) (.25 Credit)**

Resident of Cloverleaf = $120.00 Non-Resident of Cloverleaf = $150.00

**\*\*Please be aware that additional fees may be required for Physical Education Class. Instructor will notify you. \*\***

**Classroom Course:**

**6th-8th Grade Remediation (no credit)**

Resident of Cloverleaf =$150.00 Non-Resident of Cloverleaf = $180.00

**PLATO COURSE SELECTIONS and FEES**

Unless otherwise requested by the counselors, 1st semester students will attend Summer School Session I and 2nd semester students will attend Summer School Session II.

**COURSE** **SESSION ONE SESSION TWO**

Resident of Cloverleaf = $150.00 (per .50 Credit) Political Science (Gr. 11-12) .50 .50

Resident of Cloverleaf = $200.00 (per 1.0 Credit) Health (Gr. 9-12) .50 .50

World History (Gr. 9) .50 .50

Non-Cloverleaf Resident = $175.00 (per .50 Credit) American History (Gr. 10) .50 .50

Non-Cloverleaf Resident = $225.00 (per 1.0 Credit) English (Gr. 9-12) .50 .50

Physical Science, Chemistry (Gr. 9) .50 .50

**\_\_\_\_ PLATO participation on site \*\*(Attendance Policy Applies)** Physical Science, Earth (Gr. 9) .50 .50

Physical Science, Physics (Gr. 9) .50 .50

Algebra I (Gr. 8-12) .50 .50

**\_\_\_\_ PLATO participation at home – Requires on site** Integrated Math (Gr. 9-12) .50 .50

**Assessment**  Geometry (Gr. 9-12) .50 .50

Algebra II (Gr. 10-12) .50 .50

**OGT Review and Test Administration = $120.00**  Biology I (Gr. 10) .50 .50

**\*Environmental Science (Gr. 11-12)** .50 .50

**\*With permission from summer school principal only.**  Page 1

**REGISTRATION INFORMATION Page 2**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level recently completed (2016-2017)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you enrolled to the Career Center for the fall? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visa/MasterCard/Discover #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 Digit Security Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Fee Enclosed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COURSE SELECTIONS**

Session I **Monday, June 12 through Friday, June 23**

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session II **Monday, June 26-30 and Monday, July 10-14**

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The payment deadline for Session One is June 12: Session Two is June 26. PLEASE CALL TO REGISTER AS SOON AS POSSIBLE TO ENSURE ENROLLMENT FOR EACH SESSION. Minimum enrollment must be achieved to offer any class.** Payment **must** be received in full by the first day of class. Payment may be made by cash, check (payable to Cloverleaf Local Schools), or Discover/VISA/MasterCard. There will be a charge for all checks returned for insufficient funds.

To register in person (Monday – Friday while school is in session 7:30am – 2:00pm) or by mail, return form and fee to: Cloverleaf Local Schools, Cloverleaf Summer Registration, 8525 Friendsville Road, Lodi, Ohio 44254. To register by phone using Discover, VISA, or MasterCard, call the Cloverleaf Registration line at

330-302-0331 or 330-302-0330.

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S-14s (Rev. 8/07)

## CLOVERLEAF LOCAL SCHOOLS

**SUMMER SCHOOL EMERGENCY MEDICAL AUTHORIZATION –Students – Summer 2017**

CHILD’S NAME (Print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As it appears on the birth certificate (Last) (First) (Middle)

PHYSICAL ADDRESS WHERE CHILD LIVES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street/Road Number) (City) (Zip)

MAILING ADDRESS (If different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( PO Box Number) (City) (Zip)

HOME PHONE PARENT E-MAIL (TO SEND REPORT CARD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S BIRTHDATE Male Female City of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL HOMEROOM TEACHER Homeroom #

STUDENT RESIDES WITH: Mother Father Both Grandparent Other/guardian \_\_\_\_\_\_\_\_

WHO HAS LEGAL CUSTODY OF THIS CHILD?

ADDRESS OF OTHER PARENT (If not living with child) \_\_\_\_\_\_

(THIS SECTION MUST BE COMPLETED WHEN THERE IS JOINT CUSTODY) Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address City State Zip PHONE NUMBER

 CHECK BOX IF A COPY OF CORRESPONDENCE/GRADE CARD SHOULD BE SENT TO THIS PARENT

 CHECK BOX IF THIS PARENT SHOULD BE USED AS AN EMERGENCY CONTACT

**PARENT/GUARDIAN INFORMATION**  (INCLUDE ALL - PARENTS/STEP-PARENTS/GRANDPARENTS/FOSTER PARENT, ETC AS APPLIES)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***NAME*** | ***RELATIONSHIP*** | ***PLACE OF WORK*** | ***WORK PHONE*** | ***CELL PHONE*** | ***WORK E-MAIL*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**EMERGENCY CONTACT INFORMATION**

The first attempt should be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If neither parent nor the guardian can be reached, I give permission for you to contact and/or release my child to the following;**

|  |  |  |  |
| --- | --- | --- | --- |
| ***NAME*** | ***PHONE*** | ***CELL*** | ***RELATIONSHIP*** |
|  |  |  |  |
|  |  |  |  |

**PLEASE COMPLETE ALL INFORMATION ON SECOND PAGE ALSO**

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**EMERGENCY MEDICAL FORM CONTINUED**

Parent/Guardian: **Check one of the boxes below:**

Signature of all legal parents/guardians preferred

 I give consent for emergency medical treatment of my child.

 I **do not** give consent for emergency medical treatment of my child, but I realize that in the event of serious illness or injury requiring emergency treatment, the school authorities will take reasonable action in the best interest of the child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorizing Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorizing Parent/Guardian Date

**IMPORTANT MEDICAL INFORMATION – PLEASE COMPLETE**

I hereby give my consent for: the administration of any treatment deemed necessary by:

Dr. Phone

(preferred physician)

Dr. Phone

(preferred dentist)

In the event the preferred practitioner is not available, I give consent for treatment by another licensed physician or dentist; and the transfer of the child to

Preferred Hospital Phone

OR TO ANY HOSPITAL REASONABLY ACCESSIBLE.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery

**MEDICAL HISTORY – ALLERGIES – MEDICATION - ETC.**

Please provide facts concerning the child’s medical history including allergies, medications being taken and any physical impairments of which the school should be aware (be specific) or indicate “none known”. (If more space is needed, attach additional sheet).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CLOVERLEAF SUMMER SCHOOL 2017**

**Student Guidelines for Student Conduct**

***Welcome to Cloverleaf Local Schools***

***Secondary Summer School***

*Hello and welcome to the 2017 edition of the Cloverleaf Summer School Program. I applaud your drive and willingness to take advantage of this great academic opportunity. With this opportunity comes the highest expectations for attendance and behavior. Our goal is for you to have a successful and enjoyable experience.*

*Bob Preusser*

*Summer School Principal*

**CALENDAR**

Session I will be held from Monday, June 12, 2017 through Friday, June 23, 2017. Interim reports will be issued to students on Friday, June 16, 2017. Final reports will be issued to students on Friday, June 23, 2017.

Session II will be held from Monday, June 26-30, 2017 and Monday, July 10-14, 2017. Interim reports will be issued to students on Friday, June 30, 2017. Final Reports will be issued to students on Friday, July 14, 2017.

**School Day**

Classes are scheduled daily from 7:15 a.m. to 1:50 p.m. Please arrive no earlier than 7:05 a.m. and report directly to your assigned rooms. Students must be off school grounds 10 minutes after class is dismissed, unless with special permission by summer school principal.

*Cloverleaf Schools Discipline Policy applies to all students enrolled in summer school. There will only be emergency removals.*

**Attendance Policy**

Attendance is critical to a successful summer school experience. We meet the minimum guidelines for course hours. If you are absent more than one (1) day per session for any reason, you will be an attendance failure from summer school. If you are more than ten (10) minutes late for any reason, this equals one (1) day absence. All students need to be present on last day of school. If student is not present when exam is given they will receive a zero. There is no refund of fees due to attendance failure.

**Tardy Policy**

Two (2) times tardy less than 10 minutes each = one (1) day absence.

One (1) tardy greater than 10 minutes= one day absence.

**GRADING SYSTEM**

Student grades are determined by the following percentages.

A ................................................................. 93 -100

A- ................................................................. 90-92

B+ ................................................................. 87-89

B ................................................................. 83-86

B- ................................................................. 80-82

C+ ................................................................. 77-79

C ................................................................. 73-76

C- ................................................................. 70-72

D+ ................................................................. 67-69

D ................................................................. 63-66

D- ................................................................. 60-62

F .....................................…......................... 59 -0 and below (Failing)

Semester exams are given in all subjects and count 1/5 of the

semester average. All students will take semester exams.

**Dress Code**

Students will be expected to keep themselves well groomed and neatly dressed at all times. Any form of dress or hairstyle which is considered contrary to good hygiene or which is inappropriate/disruptive will not be permitted. The schools will not permit: shorts/skirts that are more than five (5) inches above the knee, hats or other head covering: tank tops, bare midriffs; coats, clothing that display death, violence, alcoholic beverages, drugs, tobacco, or other illegal items, and any other clothing torn or deemed inappropriate/disruptive to the learning process. Student will be sent home or parents will be called to bring appropriate dress.

**Lunch Break**

Students will receive a 20 minute lunch break each day. Students can bring a lunch or lunch items can be purchased in the snack bar daily.

**Restroom Use**

Restrooms may be used only during break sessions. If there is an emergency, you will be escorted from your classroom to the restroom area. No students are allowed to use the restrooms during sessions unless escorted.

**Fees and Textbooks** Page 6

Please make sure you have writing materials with you every day. All textbooks must be returned and fees and fines must be paid before your grades will be released to your school.

**Arrival and Departure**

Upon entering the building, students will report directly to their classroom by 7:15am. Please arrive no earlier than 7:05 a.m. Students are required to leave the school grounds within ten (10) minutes after the end of the school day unless permission is given in writing by the summer school principal.

**All policies and procedures of the Cloverleaf Local School District apply during summer school. Violation of the rules will result in dismissal from summer school. Refunds will not be given. Included, but not limited to are the following policies.**

**Disruption of School**

A student shall not, by use of violence, force, coercion, threat, harassment, or insubordination, cause any disruption or obstruction to the educational process including all curricular and extracurricular activities.

a. Radios, record player, and tape recorders, CD players and headphones should not be brought to school. No electronic devices of any kind are permitted. **Cell phones must be turned off between 7:15 a.m.-1:50 p.m.**

b. No card playing is permitted during school hours. Gambling of any kind will not be permitted on school grounds. No game playing or text messaging on cell phones is permitted.

**Damage of Property**

A student shall not cause or attempt damage to school or private property on the school premises at any time or at school activities on or off the school grounds.

**Dangerous Weapons & Instruments**

A student shall not possess, handle, transmit, or conceal any weapon or instrument capable of harming another person, such as guns, rifles, knives, ice picks, switch blades, brass knuckles, bars, etc. (Included in this prohibition would be the use of chemical, gasses, mace, firecrackers, smoke bombs, explosives, etc.,) on school premises or at school activities.

**Use of Tobacco**

Cloverleaf High School is a smoke-free building - smoking and possession of tobacco products are not permitted on school grounds.

**Chemicals**

A student shall not possess, use, transmit, conceal, or be under the influence of an alcoholic beverage, counterfeit controlled substance, (as described in O.R.C. 2925.01 (P), narcotic and/or drug. This also includes products manufactured as nonalcoholic brews or any beverage containing alcohol. This also includes any drug apparatus or instrumentality pertaining to the use or application of a drug or narcotic. Drugs and narcotics are defined as follows: any narcotic, drug, medicine or pill, chemical preparation, plant, seed or derivative thereof, or hallucinogen, barbiturate or amphetamine. The use of same is strictly prohibited, except when their possession has been actually prescribed by a physician. If prescribed by a physician, proof shall be required.

**Public Display of Affection**

Public display of affection is not acceptable in the building or on school property or at school related activities.

**Sexual Harassment** - Definition

Ohio and federal law defines sexual harassment as unwanted sexual advances, or unwanted visual, verbal or physical conduct of a sexual nature. Such offensive behavior includes, but is not limited to the following.

1) unwanted sexual advances

2) making or threatening reprisals after a negative response to sexual advances

3) nonverbal conduct; leering, making sexual gestures, displaying sexually suggestive objects

4) verbal conduct, making or using derogatory comment, epithets, slurs, or jokes, making sexually based remarks about another person or one’s own body

5) verbal abuse of a sexual nature, graphic, verbal commentaries or suggestive or obscene letters.

**Assault**

A student shall not cause physical or mental injury or behave in such a way which could threaten to cause physical or mental injury to school personnel, other students, or visitors while under the jurisdiction of the school.

**Theft**

A student shall not take or attempt to take into possession the public property or equipment of the school or personal property or equipment of the school or personal property of another student, school personnel, or visitor.

**Hazing**

No student shall plan, encourage, or engage in any hazing. Hazing is defined as doing an act or coercing another, including the victim, to do an act of initiation unto any student or other organization that causes or creates a substantial risk of causing mental or physical harm to any person. Permission, consent, or assumption of risk by an individual subjected to hazing does not lessen the prohibition contained in this policy.

**Insubordination**

A student shall not disregard or refuse to obey reasonable directions given by school personnel. Violation of minor rules, directives, or disciplinary procedures shall constitute insubordination.

**Profanity/Obscene Language**

A student shall not use profanity, obscene language, (written or verbal) or vulgar gestures in communicating with school personnel, other students, or visitors while under the jurisdiction of the school.

**Violation of rules will result with DISMISSAL from summer school. There is no refund of fees due to dismissal from summer school.**

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**PLEASE MAKE A COPY AND RETURN THIS PAGE WITH YOUR CHILD ON THE FIRST DAY OF SUMMER SCHOOL. STUDENTS MAY BE SENT HOME WITHOUT THIS PAGE ON FILE. PLEASE KEEP THE GUIDELINES FOR YOUR REFERENCE.**

**Acknowledgement of Receipt of Student Handbook**

**Attendance Policy**

Attendance is critical to a successful summer school experience. We meet the minimum guidelines for course hours. If you are absent more than one (1) time per session for any reason, you will be an attendance failure from summer school. If you are more than ten (10) minutes late for any reason, this equals one (1) day absence. All students need to be present on last day of school. If student is not present when exam is given they will receive a zero.

**Tardy Policy**

Two (2) times tardy less than 10 minutes each = one (1) day absence.

One (1) tardy greater than 10 minutes= one day absence.

***I have read the guidelines for student conduct that will be in effect while I attend the Cloverleaf Summer School Program.***

**Date**

**Student Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**