



**HALTON CATHOLIC DISTRICT SCHOOL BOARD
GRADE 3- 6 REMEDIAL LANGUAGE & MATHEMATICS
2008 Summer School Registration Form**



PARENTS: Please return this form to your son/daughter's school no later than Thursday June 19, 2008. Please **PRINT** clearly.

Student Name: _____
 Address: _____
 City/Town: _____ Postal Code: _____
 Telephone: (Home) _____ Parent/Guardian: (Business) _____
 Present School: _____ Grade: _____ Teacher: _____
 Medical Concerns: _____
 Emergency Contact Person: _____ Telephone: _____

Session 1: Mathematics	Thursday, July 3 - Wednesday, July 30	8:30 a.m. – 10:30 a.m.
Check (✓) one	<input type="checkbox"/> Burlington	<input type="checkbox"/> Georgetown
	<input type="checkbox"/> Milton	<input type="checkbox"/> Oakville
Session 2: Language	Thursday, July 3 – Wednesday, July 30	10:30 a.m. – 12:30 p.m.
Check (✓) one	<input type="checkbox"/> Burlington	<input type="checkbox"/> Georgetown
	<input type="checkbox"/> Milton	<input type="checkbox"/> Oakville

TEACHER'S RECOMMENDATIONS

The following checklist of information must be completed for each student as a condition of admission to the program. Please indicate program areas of concern before sending this form to the **Continuing Education Office, Burlington**.

MATHEMATICS	<input checked="" type="checkbox"/>	LANGUAGE	<input checked="" type="checkbox"/>
Number Sense and Numeration		Writing : Proofreading/revising/editing skills	
Operations (+ , - , x , /) & Place Value		Grammar and Spelling	
Decimals & Fractions		Organization, Structure and Style	
Measurement		Reading : Comprehension	
Geometry and Spatial Sense		Responding to Literature	
Patterning and Algebra		Oral & Visual Communication: Listening	
Data Management and Probability		Expression of Ideas	

Please outline any additional information that may be relevant to assist the Summer School Teacher in meeting needs of individual students.

Teacher's Name (please print) _____ Date _____ Signature _____

PRINCIPAL'S RECOMMENDATION

The Home School Principal is required to recommend any student wishing to attend Summer School.

Principal's Name (please print) _____ Date _____ Signature _____

PROGRAM INFORMATION

- ATTENDANCE:** After **three (3) or more** absences in a 4 week session of Mathematics or Language, a full report card evaluation **cannot** be given. Please send a note or call the school **before 8:30 a.m.** each day for absences. Please remember, parents are responsible for the **timely** arrival and departure of their child(ren) each day.
- BEHAVIOUR:** Students enrolled in Summer School must make every effort to complete both work in class and homework assigned to them. Any lost time and/or assignments must be reconciled with their classroom teacher. Students must be respectful of their teachers, fellow classmates and all other support staff on site at designated schools. Parents will be contacted by the Teacher and/or Principal should there be any concerns.
- SUPPORT:** There are **no** Special Education Resource Teachers available to assist with program modification. Every effort will be made by the classroom teacher to support and enhance the learning of each student but Identified students with Individual Education Plans **cannot** be accommodated.

PROGRAM FEES

The FEE including GST for **EACH** program is **\$170** (\$155 each additional child). Please make a CHEQUE payable to the "Halton Catholic District School Board" or if you prefer you may pay by VISA or MASTERCARD below.

VISA MASTERCARD **CARD NUMBER** _____ **EXPIRY DATE** _____ / _____

Parent/Guardian Name (please PRINT) _____ Date _____ Parent/Guardian Signature _____