

COSHOCTON ELEMENTARY SCHOOL

Principal: Mr. John Casey, Grades K-3
Principal: Mr. David Skelton, Grades 4-6
Assistant Principal: Mr. Tony Meiser

1203 Cambridge Road
Coshocton OH 43812
Phone: 740-622-5514



April 30, 2021

Dear Parents/Guardians of Incoming 1st-6th Grade Students:

RE: Coshocotn Elementary School Summer Program Registration

The Summer Academic Programs are a free three & two-week elementary school summer programs that focuses on reading and math. This program will focus on standards at your child's grade level. Classes will be in session, Monday through Friday from 8:00 am – 11:30 am session one will begin on June 7 through June 25 and session two will be August 2 through 13 at Coshocotn Elementary School. Children who will be entering grades 1st thru 6th in the fall are eligible to attend this summer program. The goal is that children who enroll in this summer program will maintain or improve their academic skills in the core academic areas.

- * You must register your child for the three-week or two week sessions. (may attend both session)
- * The REGISTRATION DEADLINE is May 14th, 2021. Please fill out one required registration form per child that will be attending and return it to Coshocotn Elementary School.
- * A Parent or Legal Guardian signature is required on the registration form.
- * Busing service will be provided for the summer program.
- * Late registrations will be placed on a waiting list and parents will be notified if space becomes available.

It is important for planning purposes that every effort is made to register your child by the May 14th deadline. If you need to withdraw your child at a later date, please notify Coshocotn Elementary School so that a child on the waiting list may be enrolled. Please call the school office if you have any questions.

Sincerely,

Mr. John Casey, Principal

Coshocotn Elementary School

SUMMER SCHOOL REGISTRATION FORM

Please complete and return to Coshocton Elementary by May 14th

STUDENT INFORMATION

Student Name _____

First Name

MI

Last Name

Home Address _____

Street Address

City

State

Zip

Home Phone _____

Cell Phone _____

CONTACT INFORMATION

Parent/Guardian Name _____

Home Phone _____

Work/Cell Phone _____

Emergency Contact Name _____

Relationship to Student _____

Emergency Phone _____

Alternate Phone _____

MEDICAL INFORMATION

Does your child have a life-threatening health condition? (See Note below) YES NO

If yes, please explain

Does your child need medication at school? YES NO

If yes, please explain

Does your child have any other medical issues of which we need to be aware? YES NO

If yes, please explain

NOTE: Parent/Guardian are responsible for providing the required medication to designated program staff on the first day of summer school. Medication currently held at the school must be picked up prior to the end of the regular school year. Summer School Staff will not have access to medications from the regular school year. This form must be completed before the student's first day in summer school. Information on this form will be shared with the summer school instructors.

Please check the session your child will be attending:

June 7th - 25th or Aug. 2nd - 13th (You may choose both)
 My child will ride the bus. My child will be picked up. My child will walk home.