

BOCES Regional Summer School – 2021

In person summer school this year will be provided to students in grades Pre-K -6th. Summer School will run from Tuesday, July 6th – Thursday, August 12th from 8:00 am – 12:00 pm. (Please note, the first week of school will be Tuesday – Friday and the following weeks will be Monday – Thursday.

The focus this summer will be remediation, with of course, lots of fun! If you have been contacted by your child’s teacher or you feel that your child could benefit from summer school, please fill out the information below and send it back to school. You will be notified of your child’s teacher and classroom as soon as possible.

This is a BOCES run program held at Watkins Glen and we will need to follow the COVID guidelines set by BOCES. This includes **6 ft. distance and mask requirements** for social distancing throughout the summer. All students will need to enter through the high school main entrance where a staff member will be taking temperatures.

Please fill out all the information below and return it to school (either through a homeroom folder or sent directly to the main office). If you have any questions, please feel free to contact me: [Keary Miller 607 – 735- 3530 or Kemiller@elmiracityschools.com](mailto:Kemiller@elmiracityschools.com)
Summer School Principal

* Denotes Required Information

*Student Name _____
First MI Last

*Student ID #: _____ *Student Cell Phone Number () _____ - _____

*DOB: ____/____/____ *Student E-mail address: _____

*1. Parent/Guardian contact name(s): _____
First MI Last

*Parent address: _____

*Phone numbers: Home () _____ - _____, work () _____ - _____, cell () _____ - _____

*Parent E-mail address: _____ *Employer: _____

*2. Parent/Guardian contact name: _____
First MI Last

Parent address (if different from #1): _____

Phone numbers: Home () _____ - _____, work () _____ - _____, cell () _____ - _____

Parent E-mail address: _____ Employer: _____

*Emergency contact name: _____
First MI Last

*Phone numbers: Home () _____ - _____, work () _____ - _____, cell () _____ - _____

***IEP/504/LEP**

*Does student have an IEP?
 (Please Circle)
 YES or NO

*Does student have a 504?
 (Please Circle)
 YES or NO

* **Transportation Arrangements:** Parent/Guardian will drive student student will need bussing

student will walk

*If the student is being picked up and dropped off, please provide the name of the person that will be picking up the student on a daily basis:

Name: _____ Relationship: _____

*Please List any other Person approved to pick up student:

* Name: _____ Relationship: _____

Name: _____ Relationship: _____

