



**School District No. 67 (Okanagan Skaha)
Grades 6 to 8 SUMMER SCHOOL 2018 APPLICATION**



STUDENT LAST NAME: _____ **FIRST NAME:** _____

Grade in June 2018: _____ **School in June 2018:** _____

TEACHER COURSE REFERRAL - REFERRING TEACHER MUST COMPLETE FOLLOWING:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Science Grade 6 - 8 | <input type="checkbox"/> Math Grade 6 |
| <input type="checkbox"/> Social Studies Grade 6 - 8 | <input type="checkbox"/> Math Grade 7 |
| <input type="checkbox"/> Reading Can be Fun Grades 6 - 8 | <input type="checkbox"/> Math Grade 8 |
| <input type="checkbox"/> Reading-Writing Connection Grades 6 - 8 | |

ADDITIONAL TEACHER COMMENTS (recommended concepts for review):

SPECIAL EDUCATION:	Special Education support / IEP: Yes <input type="checkbox"/>	Learning Assistance Support: Yes <input type="checkbox"/>	Behavioural support/ IEP: Yes <input type="checkbox"/>	Occupational/Physical Therapy support: Yes <input type="checkbox"/>	Speech Therapy support: Yes <input type="checkbox"/>
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SIGNATURE OF CLASSROOM TEACHER : _____ **DATE:** _____
(confirming referral for summer school) →

SIGNATURE of PRINCIPAL: _____ **DATE:** _____
(confirming referral for summer school) →

PARENT – PLEASE COMPLETE FOLLOWING INFORMATION:

STUDENT IDENTIFICATION INFORMATION (to be completed by parent/guardian)

LEGAL FAMILY NAME	LEGAL FIRST NAME	MIDDLE NAME(S)	BIRTHDATE ____/____/____ (DD) (MON) (YYYY)
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FAMILY NAME (IF DIFFERENT FROM ABOVE)	USUAL NAMES (IF DIFFERENT FROM ABOVE)	PARENTS FIRST NAMES		GENDER M <input type="checkbox"/> F <input type="checkbox"/>
		Mother	Father	

HOME PHONE:	EMERGENCY CONTACT PERSON (OTHER THAN PARENT/GUARDIAN) NAME: _____ PHONE: _____
WORK PHONE:	
CELL PHONE:	

EMAIL: _____

HEALTH CONCERNS: EYESIGHT HEARING SPEECH
 ALLERGIES OTHER _____
LIFE THREATENING HEALTH CONDITIONS: NO YES (if yes, request additional form which must be completed)
 NO HEALTH CONCERNS AT PRESENT TIME

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____
I attest that I am the parent/guardian of the above student

PARENT/GUARDIAN: PLEASE RETURN FORM **TO SCHOOL FOR PROCESSING**

The information on this form is collected under the authority of the School Act, section 79. The information will be used for educational program purposes and when required, may be provided to health services or other support services as outlined in section 79 (2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Secretary-Treasurer, School District #67 (Okanagan-Skaha), 425 Jermyn Avenue, Penticton, B. C. V2A 1Z4 (250) 770-7700.

**APPLICATIONS FOR SUMMER SCHOOL MUST BE SUBMITTED
BY FRIDAY, **JUNE 29, 2018** TO YOUR CHILD'S SCHOOL.**

Registration will not be accepted over the phone. NO LATE REGISTRATIONS WILL BE ACCEPTED.

NOTE: IT IS MANDATORY THAT SUMMER SCHOOL STUDENTS ATTEND ALL DAYS SCHOOL IN IN SESSION.