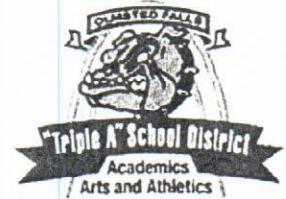


Olmsted Falls City School District
Olmsted Falls High School



HOLLY J. SCHAFER
Principal

SEAN W. BAKER
Assistant Principal

ROBERT M. COXON
*Athletic Director/Assistant
Principal*

SEAN J. WOLANIN
Assistant Principal

26939 BAGLEY ROAD
OLMSTED FALLS, OHIO 44138
(440) 427-6100
FAX (440) 427-6110
www.ofcs.net

SCHOOL COUNSELORS

AIMEE A. CALDRONE
MARIDI A. GURTSAK
LISA R. PALMISON
LAUREN M. PETERSON

February 19, 2015

Dear Parent:

Olmsted Falls High School is once again offering a Summer Enrichment Program for health and physical education. Classes begin on **Monday, June 8, 2015** and end on **Friday, June 26, 2015**. **The final exam date for all classes is Friday, June 26, 2015**. Both classes fulfill graduation requirements. Since students are required to attend 15 classes, there will be one makeup day taught by the summer school staff on Monday, June 29, 2015. On the makeup day, health classes will be conducted in the morning and physical education classes will be conducted in the afternoon.

Physical education and health morning classes meet from 7:30 a.m. – 11:30 a.m. and all afternoon classes meet from 12:00 p.m. – 4:00 p.m. Please be advised that students in the physical education classes will be involved in rigorous activities; therefore, health concerns should be evaluated prior to registration.

Credit will be issued upon successful fulfillment of class requirements. There will be no excused absences, and students who do not attend 15 classes will not receive credit. **Sport camps are not an excused absence**. In the event of illness (with a Doctor's excuse) or an unforeseen emergency, the fee for the Summer Enrichment Program may be refunded.

*****PLEASE NOTE*****

Students who complete two full seasons in interscholastic athletics, band (including drill team), or cheerleading during their high school career are exempt from completing the physical education requirement. Students who choose to fulfill their physical education requirement by participating in interscholastic athletics, marching band, or cheerleading should not participate in summer school physical education; however, the summer school health course will continue to be an option.

Registration will begin Tuesday, April 7, 2015. Please be prompt with your reply as classes fill up quickly. Tuition for each class is \$150.00. Enrollment forms will be available at both the high school and middle school guidance offices beginning April 7, 2015. Completed enrollment forms must include a check payable to Olmsted Falls High School for the full tuition amount. The enrollment form and the check must be returned to the **high school** Main Office by May 15, 2015. All enrollment requests are considered on a first-come basis. Please be advised that the administration will limit and balance class sizes as needed to meet curricular needs and safety. If you do not get your requested time, you will be notified as soon as possible.

The Summer Enrichment Program in health and physical education is not intended for remediation or failure make-up. This program is intended for students seeking credit for the first time. Students in need of remediation for past failed classes will not be accepted. Summer School rules and the Student Code of Conduct will be enforced. If you have any questions concerning the Olmsted Falls Summer Enrichment Program, please contact Mr. Sean Wolanin at 440-427-6106.

Mr. Sean Wolanin
Assistant Principal

OLMSTED FALLS HIGH SCHOOL

SUMMER SCHOOL

2015

HEALTH

JUNE 8 - 26, 2015

8:30 A.M. - 11:30 A.M.; 12 P.M. - 4 P.M.

JUNE 26, 2015 - FINAL EXAM (MANDATORY)

WAKE-UP DAY - JUNE 29, 2015

COST: \$150

1/2 CREDIT

PHYSICAL EDUCATION

JUNE 8 - 26, 2015

8:30 A.M. - 11:30 A.M.; 12 P.M. - 4 P.M.

JUNE 26, 2015 - FINAL EXAM (MANDATORY)

WAKE-UP DAY - JUNE 29, 2015

COST: \$150

1/2 CREDIT

LIGIBILITY

Students within the Olmsted Falls School District are eligible for the summer School Program. **Please be advised** that the summer school health and physical education classes are **NOT** available for students seeking remediation. Students eligible for these classes are attempting credit for the first time. Any previous failures will not be accepted. Students are required to provide necessary equipment for class (e. bikes, helmets, etc.)

ATTENDANCE POLICY:

Since summer school meets only the minimum required hours, there are no excused absences.

- Students **must** attend 15 classes to receive credit.
- Two tardies will count as one class unexcused absence. A tardiness of more than 30 minutes will count as a full class absence.
- Students have the option to remain in class to do work.
- Family vacations are unexcused absences.
- Sports camps are unexcused absences.

SCHOOL POLICIES & CODE OF CONDUCT

The Student Handbook and High School Discipline Code will be made available on the first day of the Summer School Program, and given to students upon request.

Attending the Summer School Enrichment Program is a privilege, not a requirement. Students are expected to assume the responsibility of appropriate behavior as outlined in the Student Handbook and the Olmsted Falls High School Discipline Code. Failure to comply with rules will result in removal from the program, loss of credit, and forfeiture of tuition.

REFUND POLICY

No refunds will be given except in the event a class is canceled due to lack of enrollment or for an emergency (to be determined by the summer school administrator).

No refunds will be given to students who are removed from the Summer School Program due to violations of the Olmsted Falls High School Discipline Code or the summer school attendance policy.

Complete the enclosed registration form and return with check payable to Olmsted Falls High School. Registration and payment will be accepted in the Olmsted Falls High School Main Office beginning Tuesday, April 7, 2015.

****Acceptance of registrations will be on a first-come basis. The Olmsted Falls City Schools reserve the right to balance morning and afternoon classes and to limit enrollment.**

OFHS SUMMER SCHOOL 2015
REGISTRATION FORM

Student Name: _____

Address: _____

City & Zip Code: _____

Home Phone: _____

Grade (completed June, 2015): _____ School currently attending: _____

Course (s): (check all that apply) *

PE (AM)) _____ PE (PM) _____ Health (AM) _____ Health (PM) _____

***AM or PM is NOT GUARANTEED.**

Please be advised:

The Health and Physical Education classes are not for remediation or failure makeup.

Applications will be accepted on a first-come basis, and the administration reserves the right to balance and limit class sizes. Although we would like to accommodate your needs, it may be necessary to schedule students in a physical education class at an alternate time.

Please reply promptly – classes fill up quickly.

We have read the terms of summer school and agree to comply with all rules and procedures regarding the program.

Parent/Guardian Signature: _____

Note: Students will sign on the first day of class.

Attach a check for \$150.00 for each class, payable to Olmsted Falls High School, and return with registration form and emergency medical card to the Olmsted Falls High School Main Office. **NOTE: MUST BE RETURNED WITH A COMPLETED EMERGENCY MEDICAL CARD – SIDE ONE ONLY.**

For office use only:

Date received: _____

Check Number: _____

Emergency Medical Authorization

As mandated by House Bill 639
OLMSTED FALLS SCHOOLS

PURPOSE - to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student ID	Student Last Name	Student First Name	Birth Date	Grade	HRM	Phone Number
Street Address			Apartment	Municipality	Zip Code	
Mailing Address						

Parent/Guardian Information

Custody: _____	Living With: _____	
Parent/Guardian #1	Parent/Guardian #2	Parent/Guardian #3
Relationship: _____	Relationship: _____	Relationship: _____
Address (if different from student): _____	Address (if different from student): _____	Address (if different from student): _____
Wk Phone # Cell Phn # Hm Phone #	Wk Phone # Cell Phn # Hm Phone #	Wk Phone # Cell Phn # Hm Phone #
E-Mail: _____	E-Mail: _____	E-Mail: _____

Friend, Relative, or Childcare Provider

#1 Name: _____	Relationship: _____
Address: _____	Daytime Phone: () _____ Other: () _____
#2 Name: _____	Relationship: _____
Address: _____	Daytime Phone: () _____ Other: () _____

"If any of the above information changes during the school year, please inform the office."

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT

Doctor: _____	Phone: _____
Dentist: _____	Phone: _____
Preferred Hospital: _____	Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred physician is not available, by other licensed physician or dentist; and (2), the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Please list in the space below facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician or hospital personnel should be alerted:

Date: _____	Signature of Parent/Guardian: _____
	Address: _____

PART II - REFUSAL TO CONSENT

(Do not complete if you completed Part I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take the following action:

Date: _____	Signature of Parent/Guardian: _____
	Address: _____