

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
TEACHING AND LEARNING

Middle School Course Recovery (MSCR) Summer Program

Program Start Date
Program End Date

PARENT/STUDENT	Student Name (first, middle, last)	Student ID #	Grade	Student Date of Birth	
	Home Address (street address, city, state)			Zip Code	
	Parent/Guardian Name		Work Telephone #	Cell Telephone #	
	Home Telephone #	School of Enrollment		Zone School <i>(based on home address)</i>	
	Emergency Contact Name		Relationship	Emergency Telephone #	

SCHOOL	Transportation <input type="checkbox"/> Not needed <input type="checkbox"/> Needed If needed indicate type: <input type="checkbox"/> Regular bus <input type="checkbox"/> Lift bus <input type="checkbox"/> Attendant (PBSD 1848)			
	Services Student Currently Receives: <input type="checkbox"/> School Nurse <input type="checkbox"/> IEP Assigned Nurse		Is there a Custody Alert in SIS? <input type="checkbox"/> Yes (call home school) <input type="checkbox"/> No	
	High Risk Medical Information			
	Special Program Assignment (check all that apply) <input type="checkbox"/> 504 <input type="checkbox"/> ESE (Exceptionality) _____ <input type="checkbox"/> ELL			
	COURSE INFORMATION Grade 6 Course(s) Title _____ Grade 7 Course(s) Title _____ Grade 8 Course(s) Title _____ School designee's signature verifies that student is eligible for MSCR Summer Program. <div style="text-align: right; margin-top: 20px;"> _____ <i>Signature of Principal/Designee</i> <i>Date</i> </div>			

PARENT/STUDENT	I understand that, because of the short school term, student attendance is of the utmost importance. Absences are not excused. Two class tardies will be treated as one absence. Students arriving more than 30 minutes late are marked absent.						
	<input type="checkbox"/> Transportation is required for the student and the address provided above will determine student's pick up and drop off locations for the MSCR Summer Program.						
_____ <i>Signature of Student</i>		_____ <i>Date</i>		_____ <i>Signature of Parent/Guardian</i>		_____ <i>Date</i>	

Office Use Only- Attachments			
Send to the MSCR Summer Program (check all attached):			
<input type="checkbox"/> Signed parent/guardian copy registration	<input type="checkbox"/> Copy of completed ESE IEP	<input type="checkbox"/> Copy of recent 504 Plan	
<input type="checkbox"/> School Health Plan	Other attachments _____		