Registration for Campbell County School District Extended School Year

Dear Parents: Your child has been recommended for the CCSD Extended School Year Program (ESY). Each student will be instructed with attention to his or her individual needs as identified in the most recent IEP. There is no charge for these program(s). Transportation will be arranged and provided by CCSD.

The ESY program(s) that your child are recommended to attend are:

- ○ Academic – Elementary
- ○ Academic – Secondary
- ○ Speech/Language Only
- ○ District Resource Program
- ○ Secondary Certificate Program
- ○ Social Skills Program
- ○ Autism Spectrum Disorder Elementary
- ○ Multi Ability Room Elementary

*****Please note that ESY program placement is based on recommendations from the IEP Team.

Please complete and return to your child's current school ASAP.

More information will be sent prior to when your child's ESY program begins.

Name of Student: _____ **M:** ___ **F:** ___

Last **First** **Middle**

School Attending Now: _____ **Current (2014-15) Grade Level:** _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Street **City** **Zip Code**

Phone Number(s) Home: _____ **Work:** _____ **Cell:** _____

Will your child need bus transportation? Yes _____ **No** _____

Summer Address (for busing purposes): Pick Up: _____

Drop Off: _____

By signing below, I agree to send my child to CCSD Elementary Extended School Year program(s). I agree to make every effort to support my child's attendance, effort, and good behavior.

_____ _____

Parent's Signature **Date**

----- OR -----

I will <u>not</u> be sending my child to ESY summer school, because

_____

_____

_____ _____

Parent's Signature **Date**