

# **2021 SUMMER SCHOOL - CLOQUET HIGH SCHOOL**

Cloquet High School is offering Summer School for students who are behind in credits for graduation or are in need of time and instruction to make-up a failing or incomplete grade in Computer Applications, Math, English, Social Studies or Science. **Each class is .25 credit**  
**Students are to bring a Chromebook/Charger/Earbuds/Pencil/Notebook.**

**June 8 - July 1 (4 Weeks/Tuesday - Thursday) 8:00 am - 4:00 pm daily**

WEEK 1 - JUNE 8, 9, 10

WEEK 3 - 22, 23, 24

WEEK 2 - JUNE 15, 16, 17

WEEK 4 - 29, 30 & July 1

## **COMPUTER APPLICATIONS**

(Held 2nd week, June 15, 16, 17 and 3rd week June 22, 23, 24)

## **MATH**

## **ENGLISH**

**\*\*Students are to bring a novel of their choice to class\*\***

## **SCIENCE**

(Held 1st week, June 8, 9, 10 and 3rd week, June 22, 23, 24)

## **SOCIAL STUDIES**

Students will be able to earn a maximum of .25 credit of classroom instruction for acceptable class work in Computer Applications, Math, English, Social Studies or Science. Final scheduling of classes will depend upon adequate student registration. All students must provide their own transportation and are encouraged to bring a bag lunch. All grading will be on a pass-fail basis. **Since Summer School meets for so few days, NO ABSENCES WILL BE ALLOWED!**

On the first attached sheet, please check the subject you wish to register for and fill in the specific class for which you need the credit. On the second attached sheet, please complete and sign. **The deadline to apply for Summer School is Wednesday, June 2nd.**

**Return the attached two forms to Mrs. Houck in the Counseling Office by 3:30 on Wednesday, June 2nd.**

Keep this front page so you have a record of the starting times/dates. Priority for classes will be given to seniors, then juniors, sophomores and freshmen, and in the order the Summer School Registration forms are returned to the Counseling Office.

# 2021-2022 CHS SUMMER SCHOOL REGISTRATION FORM

June 8 - July 1 (4 Weeks/Tuesday - Thursday)

8:00 am - 4:00 pm daily

\*Return forms to the Counseling Office by 3:30 on Wednesday, June 2nd\*

Student Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ 2020-21 Grade Level \_\_\_\_\_ Date of Birth \_\_\_\_\_

## CREDIT MAY BE EARNED IN THE FOLLOWING CLASSES

### COMPUTER APPLICATIONS

June 15, 16, 17 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)  
June 22, 23, 24 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)

Total Credits Needed \_\_\_\_\_

### MATH

June 8, 9, 10 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)  
June 15, 16, 17 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)  
June 22, 23, 24 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)  
June 29, 30, July 1 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)

Total Credits Needed \_\_\_\_\_

### ENGLISH

June 8, 9, 10 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)  
June 15, 16, 17 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)  
June 22, 23, 24 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)  
June 29, 30, July 1 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)

Total Credits Needed \_\_\_\_\_

### SCIENCE

June 8, 9, 10 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)  
June 22, 23, 24 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)

Total Credits Needed \_\_\_\_\_

### SOCIAL STUDIES

June 8, 9, 10 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)  
June 15, 16, 17 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)  
June 22, 23, 24 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)  
June 29, 30, July 1 Class \_\_\_\_\_ Quarter \_\_\_\_\_ (.25 credit)

Total Credits Needed \_\_\_\_\_

I give my son/daughter permission to enroll in the 2021-2022 Cloquet High School Summer School

\_\_\_\_\_  
(PARENT SIGNATURE)

\_\_\_\_\_  
(DATE)

# Cloquet Area Alternative Education Programs – ISD 94

## Enrollment Form

Legal Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_

Does the student have an IEP or 504 Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what are the accommodations: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Student's Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Program Coordinator's Signature \_\_\_\_\_ Date of Registration \_\_\_\_\_

## Continuing Learning Plan

What are your goals while attending Spring Break Academy? **To earn credit towards graduation.**

What will you do to reach these goals? **Attend all hours of Spring Break Academy.**

What are your goals after you graduate?

How will your goal be measured?

**Student Goals will be measured by completion of Spring Break Academy with passing grade.**

Parent/Guardian \_\_\_\_\_ (Date) \_\_\_\_\_

Student \_\_\_\_\_ (Date) \_\_\_\_\_

EDHS Staff \_\_\_\_\_ (Date) \_\_\_\_\_