

# Purcell Marian High School Summer School 2018



***Purcell Marian High School - Summer School 2018***  
*Wednesday, June 13<sup>th</sup> – Tuesday, July 3<sup>rd</sup>*

Purcell Marian High School  
2935 Hackberry Street  
Cincinnati, Ohio 45206  
Phone: (513) 751-1230



### Course Offerings

<b>Religion</b> - Foundations of Catholicism, Hebrew Scripture, Christian Scripture, Church History, Morality, Social Justice, World Religion, and Christian Lifestyles.	<b>Social Studies</b> - World History, US History, US Government & Politics/Economics
<b>Math</b> –Integrated Math I, Integrated Math II, Algebra II, Pre-Calculus	<b>English</b> –English I, II, III, IV
<b>Science</b> – Physical Science, Biology, Chemistry, Life Science	

**\*\*\* Only two courses can be taken during summer school**

### Calendar

<b>Date</b>	<b>Event / Notification</b>
Monday, June 4 <sup>th</sup> - Tuesday June 12 <sup>th</sup>	<b>Summer School Registration at Main Office; normal office hours 8:00 am – 3:00 pm</b>
Wednesday, June 13 <sup>th</sup>	<b>Summer School Begins</b>
Wednesday, June 13 <sup>th</sup> – Tuesday July 3 <sup>rd</sup>	<b>Mandatory - all <u>summer school students</u> must attend their class at PMHS every day, 8:00 am – 12:00 pm</b>
Tuesday, July 3 <sup>rd</sup>	<b><u>Summer School Classes End - ALL COURSE WORK MUST BE COMPLETED BY NOON ON THIS DATE</u></b>

### Tuition:

***\$300 per course. All Payments must be in the form of CASH, CREDIT or MONEY ORDER. No refund will be given if the student withdraws or is expelled after the first day of classes.***

### NCAA Eligibility

*Summer school is for recovery credit only and will not replace a class that was taken over the course of a year for NCAA Eligibility*

### Staff

Summer School Administrator: Jim Duggan: [jduggan@purcellmarian.org](mailto:jduggan@purcellmarian.org)  
 Summer School Teachers: Jon Tobin: [jtobin@purcellmarian.org](mailto:jtobin@purcellmarian.org),  
 Sebastian Misleh: [smisleh@purcellmarian.org](mailto:smisleh@purcellmarian.org)

***Individual tutors are available throughout the summer school program.***



# Summer School 2018

## Rules/Expectations

**ATTIRE:** All students are required to dress neatly and modestly at all times. The Purcell Marian Summer Program Administration reserves the right to determine if any outfit/clothing is inappropriate or cannot be worn.

**PARKING:** Students are only allowed to park in the South Parking Lot. Cars parked anywhere else on campus are subject to being towed. Neither Purcell Marian nor the Purcell Marian Summer School Program is responsible for cars parked on or off school property.

### **ATTENDANCE:**

Students are required to attend all summer school dates Monday through Friday, 8:00 am – 12:00 pm. Once a student has successfully completed their required course work, they will be dismissed from summer school and a recovery credit will be added to their transcript.

A student is allowed one (1) excused absence during the summer school program. Any excessive absences (defined as totaling more than one), will cause the student to be withdrawn from the summer school program. Absences should be reported to the school to be considered excused by calling the Main Office at 513-751-1230.

**Remember, students who are credit deficient will not be promoted to the next grade and can be asked to leave Purcell Marian.**

**DISCIPLINE/BEHAVIORAL EXPECTATIONS:** Any student who behaves inappropriately or causes a disturbance in the school, during class, or anywhere on campus or in the neighborhood surrounding Purcell Marian is subject to immediate dismissal. Violators of good behavior and proper decorum will not be tolerated. All students are expected to follow the rules and regulations of Purcell Marian High School as stated in the Purcell Marian Student Handbook.

### **GRADE REPORTS:**

Final grades will be report as a letter grade (A, B, C, D, or F) and will be communicated to parents July 5<sup>th</sup> and July 6<sup>th</sup>. Grades are assigned based upon the following grading scale:

A	100-90
B	89-80
C	79-70
D	69-65
F	65 and below

**NO CREDIT CAN BE EARNED ON ANY CLASS THAT IS NOT COMPLETED IN FULL BY THE END OF THE SUMMER SCHOOL PROGRAM.**

**STUDENTS MUST PASS THEIR SUMMER SCHOOL CLASSES TO BE PROMOTED TO THE NEXT GRADE LEVEL.**



## Purcell Marian High School 2018 Summer School Registration Form

Student Name: \_\_\_\_\_  
Last First

Home Information: \_\_\_\_\_  
Street Address City State Zip

Student Cell Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Mom's Full Name: \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Mom's E-mail: \_\_\_\_\_

Dad's Full Name: \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Dad's E-mail: \_\_\_\_\_

**Student may only be enrolled in two classes during summer school**

Course #1: \_\_\_\_\_

Course #2 (if applicable): \_\_\_\_\_

I have read, understand, and will adhere to the rules and procedures of the Purcell Marian Summer School Program. I understand that failure to recover my credits may cause my dismissal from Purcell Marian High School.

Signature of Student: \_\_\_\_\_

Signature of Parent/Custodial Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Date Received \_\_\_\_\_

(Office Use Only)



# Purcell Marian High School Health Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Emergency person if unable to reach parents in event of illness or injury:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check if applicable:

- |   |  |
|---|--|
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Hearing Loss    |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Heart Trouble   |
| <input type="checkbox"/> Attention Problem    | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Behavior Problem     | <input type="checkbox"/> Hyperactivity   |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Kidney Trouble  |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Other _____          |  |

Explanation for any of the above checked: \_\_\_\_\_

Medication taken regularly: \_\_\_\_\_

Restrictions per the doctor's orders: \_\_\_\_\_

Any problem that might cause your child not to do well in school: \_\_\_\_\_

## **Part I or II Must Be Completed**

### **Part I- To Grant Consent**

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 name doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. Preferred local hospital: \_\_\_\_\_.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted: \_\_\_\_\_.

**Signature of Parent or Custodial Guardian:** \_\_\_\_\_

**Address (if different than above):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Do Not Complete Part II If You Completed Part I**

### **Part II- Refusal to Consent:**

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 school authorities to take NO action or to: \_\_\_\_\_

**Signature of Parent or Custodial Guardian:** \_\_\_\_\_

**Address (if different than above):** \_\_\_\_\_ **Date:** \_\_\_\_\_