The Salem School District is once again offering courses for students currently enrolled in high school. This summer’s course offerings may be taken in order to:

1. Repeat a course for grade improvement.
   a. Acquire a better understanding of subject matter before advancing to a higher-level course;
   b. Meet an upper-level course prerequisite
2. Make up a course failed during the school year.

**In all cases, attendance for the Summer Session is very important.** A student may be absent no more than two times if the summer course is being taken for credit or grade improvement.

The following courses are available for credit:

<table>
<thead>
<tr>
<th>Mathematics:</th>
<th>English:</th>
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<tbody>
<tr>
<td>Algebra 1 &amp; 2</td>
<td>English 9 and 10</td>
</tr>
<tr>
<td>Geometry</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Science:</th>
<th>Social Studies:</th>
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<tbody>
<tr>
<td>Integrated Science</td>
<td>Comprehensive American Studies</td>
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<tr>
<td></td>
<td>Global Studies</td>
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<td></td>
<td>American Studies 1</td>
</tr>
<tr>
<td></td>
<td>Economics</td>
</tr>
</tbody>
</table>

**Dates:** Wednesday June 27 – August 7, 2017  
(Monday - Thursday)

*Note: There will be no classes held on Wednesday, July 4th or 5th*

**Times:** 8:00 am – 11:00 am and 11 am - 2:00 pm  
(Specific course times will be announced prior to the first class.)

**Cost:** $225 ($250 for out of district)

Registration for courses must be completed by **Monday June 25, 2018.**

_Students making up a class failure may enroll up to the first day of summer school, however spaces are limited and advanced sign-up is recommended as classes may be cancelled if minimum enrollments are not met._

**All classes will be held at Woodbury Middle School.**

For more information please contact:

Katherine Costa  
Director Continuing and Alternative Education  
44 Geremonty Dr.  
Salem, NH 03079  
(603) 893-7074  
Katherine.costa@sau57.org
Salem Summer School Registration Form
2018

Please provide a deposit of $20 at the time of registration. Tuition balances are due on the first day of class. Please make all checks payable to the “Salem School District”.

Name ____________________________ Year of Grad. _____

Current School ______________________________

Home Address ______________________________

Town, State, Zip ______________________________

Home Phone # ______________________________

Parent’s Name(s) ______________________________

Parent’s Daytime Phone # ______________________________

Parent Email ______________________________

Course(s) desired: ______________________________

Students in need of repeating a failed course must either have their school counselor sign below OR provide written proof of their failed course.

Counselor Signature: ______________________________

Parent Signature: ______________________________

Check here if the student has an IEP ______