

Nashua School District Secondary Summer School

Grades 9-12 Summer School Class Information:

DATES: Monday through Friday
July 1, 2024 through July 26, 2024
(No class July 4 or July 5)

LOCATION: NASHUA HIGH SCHOOL SOUTH
36 Riverside Street Nashua, NH 03062
(603) 966-2420

TIME: Breakfast: 7:30 am – 7:55 am **Session 1:** 7:55 am – 10:00 am
Lunch: 12:00 pm – 12:30 pm **Session 2:** 10:00 am – 12:00 pm

CONTACT: Questions? Regina Buckley ncll@nashua.edu

**Summer School Graduation will be held on Thursday July 25th at 6:00 pm
at Nashua High School South Auditorium**

**Students who plan to take summer school credit courses _____
_____ to guarantee acceptance of “make-up”
credit.**

**Students may take up to TWO courses per summer.
Students cannot participate in Summer School and Drivers Ed.**

2024 NASHUA SCHOOL DISTRICT SUMMER SCHOOL – GRADES 9-12

July 1, 2024 – JULY 26, 2024

7:55 am to 12:00 pm

Walk-In Registration is at **Nashua High School North** in front of the main office – 8 Titan Way, Nashua, NH 03063

Dates:

Walk-In Registration is at **Nashua High School South** in front of the main office

Dates:

All students need to be enrolled prior to JUNE 27th

<p>COURSE FEES</p>

ATTENDANCE POLICY:

DISCIPLINE POLICY

Core values ARE expected. Students who fail to meet expectations will be removed from the program.

TRANSPORTATION:

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2024 NASHUA SCHOOL DISTRICT SUMMER SCHOOL – GRADES 9-12
JULY 1, 2024 – JULY 26, 2024
REGISTRATION FORM

NOW

Classes Offered Session 1 from 7:55 am – 10:00 am		Classes Offered Session 2 from 10:00 am – 12:00 pm	
ENGLISH	MATH	ENGLISH	MATH
SCIENCE	SOCIAL STUDIES	SCIENCE	SOCIAL STUDIES
** Economics will be 7/1-7/15 ** Civics will be 7/16-7/26		<div style="border: 2px solid black; width: 150px; height: 60px; margin: 0 auto;"></div>	

**NASHUA SCHOOL DISTRICT
HEALTH HISTORY**

Student Name _____ Address _____

Date of Birth _____ Grade _____

Please fill out the following health information on your child. A health record is kept on each child and needs to be updated each year.

1. Has your child had (please give age or date):

Chicken Pox _____ Measles _____ German Measles _____

Whooping Cough _____ Mumps _____ Poliomyelitis _____

Ear Infections _____ Strep Throat _____ Pneumonia _____

Tuberculos _____

DISTRITO ESCOLAR DE NASHUA

HISTORIAL DE SALUD

Nombre del Estudiante _____ Dirección _____

Fecha de Nacimiento _____ Grado _____

Por favor sírvase completar el siguiente formulario con información pertinente a la historia médica de su hijo o hija. Este historial médico deberá actualizarse cada año escolar.

1. Si su hijo(a) ha tenido lo siguiente: (por favor anote la edad o la fecha)

Vericela _____ Sarampión _____ Sarampión alemán _____

Tos ferina _____ Paperas _____ Poliomyelitis _____

Tuberculosis _____ Hepatitis _____ Mononucleosis _____

Fiebre Escarlatina _____

2. Tiene su Hijo(a):

Asma _____ Diabetes _____ Epilepsia _____ Convulsiones _____ Palsy Cerebral _____

Sordera _____

SHARING INFORMATION WITH OTHER PROGRAMS