

Burrillville Summer School

***425 East Avenue
Harrisville, RI 02830***

***Phone: 568-1310
Fax: 568-1363***

The Burrillville School Committee has established, for more than thirty years, an academic summer school for all students from Burrillville and surrounding communities in grades 7 to 12. The following courses will be offered pending adequate enrollment in each class.

Registration applications may be mailed to:

Burrillville Summer School
425 East Avenue
Harrisville, RI 02830

Walk-in registration at BHS

Friday, June 29 7:30am – 10:30am
Monday, July 2 9:00am - 12:00pm

Emailed to: tupperm@bsd-ri.net

Applications must be received on or before July 2. **There will be NO late registrations.**

Dates: Classes begin Monday, July 9 Classes conclude Friday, July 27

Note: **Students who miss more than one class for any reason will be denied credit.**

Course Schedule

Session I (7:30 – 9:30)

English 9
English 11
English 12
Geometry
Middle School Math
Chemistry
U.S. History I
U.S. History II

Session II (9:40 – 11:40)

Middle School English
English 10
Algebra I
Algebra II
Middle School Science
Biology
Middle School Social Studies
Civics/Modern World History

Classes will run contingent upon enrollment.

Requirements:

1. Students must have a 55 average or above from the course they plan to enroll in.
2. Students must obtain a letter from their respective guidance department allowing them to participate in the summer school program. No student will be allowed to register without proper paperwork.
3. No charge for Burrillville High School students. The fee is **\$170.00** for non-Burrillville residents. Checks should be made payable to: **Burrillville School Department**
4. All students are expected to be on time and attend all classes.

**Please contact Mary-Lou Tupper at 401-568-1310 x2115 or
tupperm@bsd-ri.net with any questions.**

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Registration Form 2018

Student Information

Student's Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Date of Birth _____ Age _____

Contact Information

Parent/Guardian Name _____

Parent/Guardian Contact Phone Number(s) _____

Parent/Guardian Email _____

Emergency Contact Person _____

Emergency Contact Phone Number(s) _____

School Information

School Attended (2017-2018) _____ Grade (2017-2018) _____

Does student have a current IEP Yes _____ No _____ 504 Plan Yes _____ No _____

Your signature on this form is a release to contact your school for your child's IEP or 504 plan

Registration

Session I _____ Session II _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

LEAVE BLANK

Paid: Cash \$ _____ Check \$ _____ # _____

\$170-1 non-Burrillville \$340-2 non-Burrillville

Paperwork: Report card/guidance letter: _____ Rules & Regulations: _____ Initials: _____