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Summer School
Coordinator

Debbie Toebben
Summer School
Principal

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WARRENTON HIGH SCHOOL
803 Pinckney Street
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March 2, 2009

Hello! It is time to start thinking about Summer School. The High School Summer School Program is for students entering grades 9-12 for the 2009-2010 school year.

- DATES:** June 3- June 17 (First Semester)
June 18- July 2 (Second Semester)
- LOCATION:** Warrenton High School
- TIMES:** 8:15 a.m. – 2:10 p.m. Monday through Friday
- TRANSPORTATION:** There WILL NOT be transportation for high school summer school.
- LUNCH:** There will be breakfast and lunch available daily. Regular school lunch prices apply.
- ATTENDANCE:** Attendance is very important during summer school; one day equals more than one week's worth of work during the regular school year. Attendance prizes will be awarded for perfect attendance.
- A+ Tutoring:** A+ Tutoring can be done during K-8 summer school. K-8 summer school begins on June 2nd and runs through July 2nd. The times are from 8:00 a.m. – 2:30 p.m. daily. A schedule will be made for you based on the dates and times that you are available. More information will follow in late April or early May.

To sign up for the High School Summer School program please complete the attached form and return it to the High School Guidance Department or the main office at Black Hawk Middle School by April 17th.
If you have any questions please feel free to call me at 636/456-5802 ext. 3332 or email me toebbendl@warrencor3.k12.mo.us.

Thank you,

Debbie Toebben
Summer School Principal

HIGH SCHOOL SUMMER SCHOOL COURSE OFFERINGS

Physical Education- *Grades 9-12 (open to all students with no PE credit)

World History- Grades 9-12 (Social Studies credit)

American History- Must have taken World History (Social Studies credit)

Graphics- Grades 9-12 (Fine Arts credit)

Music Appreciation- Grades 9-12 (Fine Arts credit)

Shakespeare/Mythology- Grades 11-12 (each semester is ½ credit per class)

Public Speaking- Grades 11-12 (Language Arts credit, college credit available)

Informal Geometry/ Geometry- Grades 10-12, must have passed Algebra 1 (math credit)

Student Quest- Grades 10-12, leadership class (1/2 credit)

Credit Recovery- Grades 10-12, students work independently on computers to earn back credits from classes they've failed. Students have to have earned between 50-59% in their failed class to be eligible to retake it on the computer. See guidance counselors for more information.

French I/II- Grades 10-12, students must have a C average in Language Arts to take this course. (Elective credit)

Physical Science- Grades 9-12 (open to all students who have not passed Physical Science (Science credit)

Missouri Science- Grades 11-12 (Science credit)

Career Math- Grade 12, this course is not open to students with credits in Algebra II or Honors Algebra II (Math credit)

Exploring Industrial Technology- Grades 9-12 (Practical Arts credit, ½ credit)

Computer Business Apps/ Desktop Publishing- Grades 10-12, students must have a Keyboarding credit to enroll in these courses (Practical Arts credit)

Intro to Marketing- Grades 10-12, no prerequisite required. (Practical Arts credit)

Drivers Education- *Students must be 15 ½ years old on the first day of summer school. Limited space for this class. Sign up early for this class. (1/2 credit)

All classes need a minimum number of students, some classes may not be offered if not enough students sign up.

*There may be a fee associated with this class.

Fill in the following blanks with your choice for summer school

Semester 1 (June 3- June 17) _____

Semester 2 (June 18- July 2) _____

Second Choice _____

If interested in Credit Recovery, what classes?

Name: _____ Grade: _____

Student Signature

Parent Signature

Please return by April 17th

Warren County R-III School District
MEDICATION POLICY

Prescription medication will be given by school personnel. Medication must have a pharmaceutical label stating (1) child's name, (2) name of medication and instruction as to dosage, time, etc. (3) name of doctor prescribing medication and, (4) a current date. Medications will only be administered as stated on the prescription label.

Parents may not send medicine with their child to school. It is the responsibility of the parent or legal guardian to bring the medicine to school.

It should not be necessary to give more than one dose of medication per day during a six-hour school day. Most medication schedules can be arranged so that all doses of medication are taken at home. Exceptions can be arranged with the school nurse.

Students who require emergency medication should have their medication properly labeled as described above. Specific written instruction needs to be provided as to when and under what circumstances medication is to be given. This information will be provided and signed by the student's physician annually.

The district may administer over-the-counter medication to a student upon receipt of a written request and permission to do so by a parent/guardian. The district will provide Advil or generic substitute, Tylenol or generic substitute, upon written permission from parent/guardian up to two (2) doses per semester. Further dosage will only occur with written doctor's permission. All over-the-counter medications must be delivered to the school principal or designee in the manufacturer's original packaging and will only be administered in accordance with the manufacturer's label.

Please check the following over-the-counter medication(s) the district is authorized to distribute to your student:

- Acetaminophen (generic Tylenol—provided by district) (Dosage by weight)**
- Ibuprofen (generic Advil—provided by district) (Dosage by weight)**
- DO NOT GIVE**

Student's Name

Grade/Teacher

Signature of Parent/Guardian

Date

Warren County R-III School District
MEDICATION AUTHORIZATION FORM

I request that the nurse or designated school staff member to give:

Name of prescribed medication/ Over the counter medication Exact dosage _____ at _____
Time

To: _____ Grade: _____ Teacher: _____

Medication to be given from _____ to _____ or as needed _____.

Condition for which medication is prescribed: _____

Precautions, possible adverse reaction and interventions: _____

I give my permission for reciprocal exchange of information from Dr. _____ to the Warren County R-III Schools regarding my child. All information received is strictly confidential.

Parent/Guardian Signature

Date

Physician's Signature

Phone Number

Please complete this form and return with properly labeled medication to the Nurse's Office.