

After School Freshmen Recovery Program

To the parent/guardian of _____ Div. _____ Date _____

Von Steuben will be offering an **After School Freshmen Recovery Program** for first semester courses only.

Who may Participate?

Students who have failed 1st semester courses in one of the following classes: Algebra, Biology, World Studies, Survey Literature. Students can sign up for only 1 class.

How do I register?

Freshmen can begin to pre register on February 1, 2010 in room 109 with their counselor from 7:30 a.m. – 8:15 a.m. and from 3:15 p.m. to 3:45 p.m.

Is there a fee?

Yes, there is a **\$25 fee** for the course. Student's registration is not complete until both form and the fee are submitted to room 110.

When is the last day I can register?

The last day to complete the form and submit the **\$25 fee** is Thursday, February 4, 2010. However, because space is limited; it is "first come first serve."

When do classes meet?

Monday, Tuesday and Thursday
3:15 p.m. – 4:45p.m.
(Rooms to be determined)

When do classes begin?

Monday, February 8, 2010 at 3:15 p.m.

When is the last day of class?

June 3, 2010

Participation Rules:

Students will be dropped on the fifth absence and will receive a failing grade; fee is non-refundable.

The CPS Uniform Discipline Code is enforced during the **After School Freshmen Recovery Program**. Disruptive behavior may cause dismissal from the program.

Place a number next to your 1st choice, 2nd and 3rd choice class. You can only take one course, if the class fills, an alternate class will be considered.

_____ Algebra 1st Semester

_____ Survey Literature 1st Semester

_____ Biology 1st Semester

_____ World Studies 1st Semester

The registration process is not complete until the student brings this form and **\$25** cash or money order payable to Von Steuben (No Personal Checks) to room 110.

We have read the information and agree to the rules and expectations of the After School Freshmen Recovery Program.

_____ Date _____
Student Signature

_____ Date _____
Parent Signature

Office Use Only

_____ Date _____
Registered Course

_____ Date _____
Counselor Signature