

**BIGGERSVILLE HIGH SCHOOL
SUMMER SCHOOL 2006**

PROBABLE CLASSES:

English I	English III	Geometry
English II	English IV	Algebra I

Registration: Tuesday May 30, 2006
Time: 9:00 A.M.
Place: Biggersville High School Cafeteria

Classes Begin Each Day at 7:30 and End at 12:55 P.M.
Classes Begin on Wednesday, May 31, 2006
Classes End on Wednesday, July 12, 2006
Total Days in Class: 30 (Hours of Instruction) 150
Registration Fee: \$20.00
Tuition: \$175.00 – Alcorn School District Students
\$250.00 – Out-Of-State Students

CASH OR MONEY ORDER ONLY IS ACCEPTED FOR PAYMENT. PAYMENT IN FULL IS REQUIRED AT REGISTRATION.

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1st Period 7:30 – 9:30
BREAK 9:30 – 9:40
2nd Period 9:40 – 11:40
LUNCH BREAK 11:40 – 11:55
3rd Period 11:55 – 12:55
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1. Parking - Park in parking lot only.
2. Fees are to paid **IN FULL** at registration.
3. No food or drinks in the classrooms.
4. Students must leave vehicle and enter the building upon arrival on campus.
5. Drive decently while on campus.
6. No leaving campus between 7:30 and 12:55.
7. Dress Code - Regular school clothes. (Refer to Student Handbook).
8. Break Area - Main Hallway. Coke machines and snacks will be available.
9. All present policies of the Alcorn School Board will be in effect.
10. If you drop out or are dismissed, no refund will be given.

TARDY POLICY:

No excused absences. All work must be made up with an additional fine of \$5.00 per each ½ hour missed of class time. This includes the accumulation of missed time resulting from tardies.

PERMISSION FROM YOUR HOME SCHOOL PRINCIPAL MUST BE PESENTED AT TIME OF REGISTRATION.

Failure to adhere to the rules stated above shall result in punishment and/or expulsion from the summer school program. No refunds will be given after June 5, 2006.

Note: All forms in this packet must be completed prior to the day of registration.

Biggersville High School

571 Hwy. 45 South
Corinth, MS. 38834
Phone: (662)286-3542
Fax: (662)286-3023

Mr. Gary Johnson
Principal

Mr. Mike Wamsley
Superintendent

STUDENTS ARE REQUIRED TO ATTEND ALL 30 DAYS (150 HOURS) OF SUMMER SCHOOL. TIME MISSED MUST BE MADE UP! FAILURE TO MAKE UP MISSED TIME WILL RESULT IN THE STUDENT NOT RECEIVING CREDIT FOR THE SUBJECT THEY ARE TAKING.

THE FOLLOWING FEES WILL BE USED DURING SUMMER SCHOOL.

\$5. PER HALF HOUR MISSED
\$10. PER HOUR MISSED
\$50. PER DAY MISSED

MAKE UP WORK WILL BE MADE UP ON WEDNESDAY AFTERNOONS AND/OR SATURDAYS. ALL FEES MUST BE PAID PRIOR TO MAKING UP TIME. AGAIN, FAILURE TO MAKE UP MISSED TIME WILL RESULT IN STUDENT NOT RECEIVING CREDIT FOR THE COURSE TAKEN.

ALL COURSE FEES ARE NON-REFUNDABLE.



Gary Johnson
Principal

Date: _____

Grade: _____

2006 Summer School INFORMATION SHEET

Name: _____
First Middle Last

SS # _____ Birthdate ____/____/____ Male/Female _____ Race _____

City/State of Birthplace _____ Bus # _____

Address: _____
House# Rd.# City State Zip

Home Telephone: _____ Parent Cellular Ph. _____

Student lives with: Parents _____ Mother _____ Father _____ Other _____

If Other, please complete information below:

Name: _____ Address: _____

Employer: _____

Work # _____ Home # _____ Cell # _____

Mother's Information

Name: _____ Address: _____

Employer: _____

Work # _____ Home # _____ Cell # _____

Father's Information

Name: _____ Address: _____

Employer: _____

Work # _____ Home # _____ Cell # _____

Emergency Information-It is VERY important that the information below is completed correctly in case of emergency.

1) Name _____ 2) Name _____

Address _____ Address _____

Phone # _____ Phone # _____

Date: _____

Grade: _____

Medical Information

Any medical problems? _____

Any allergies? _____ Other? _____

Family Physician: _____ Phone # _____

May the school office give your child medication? If so, please specify which medicine.

Tylenol ___ Aspirin ___ Benadryl ___ Ibuprofen ___ sinus medicine ___ Other _____

List below the person(s) other than parents or legal guardians who may check out your child:

Name	Relationship	Tel #

The information given above is true and correct to the best of my knowledge. If any of the information changes during the school year, I will notify the school office by phone or note.

Parent/Legal Guardian Signature _____

Date _____

**SUMMER SCHOOL SALARIES
2006**

ENGLISH IV

CONNIE GEORGE

ENGLISH I

JUDY TALLEY

ENGLISH III

DANA WILBANKS

ENGLISH II

TIMOTHY PARKER

ALGEBRA I

JESSICA IVY

GEOMETRY

JACQUELINE SUGGS