

**Eastern Suffolk
BOCES**

**2011-12 Regional Secondary
Summer School**

REGENTS REVIEW CLASSES
 July 27, 28
 August 1, 2, 3, 4, 8, 9, 10, 11, 15, 16, 2011

Students who are recommended by their Principals to participate in review classes, as opposed to re-taking an entire course, are offered twelve days of Regents Review preparation. Students meet with an instructor for approximately two hours for each of the twelve days of the program. Courses are offered for the following Regent Exams:

- Comprehensive English***
- Earth Science***
- Global History***
- Living Environment***
- Geometry***
- U.S. History***
- Integrated Algebra***

Registration will occur on June 28 and June 29 from 8 a.m. to 12 p.m. at the following locations:

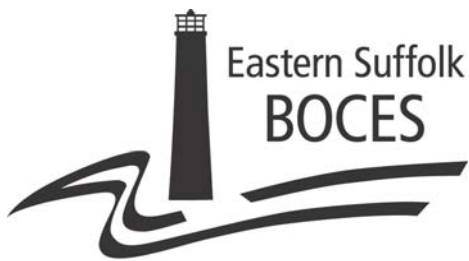
<p>Ralph G. Reed Middle School 200 Half Mile Road Central Islip, NY 11722 348-5068</p>	<p>East Islip High School 1 Redmen Street Islip Terrace, NY 11752 224-2124</p>
<p>Patchogue-Medford High School 181 Buffalo Avenue Medford, NY 11763 687-6439</p>	<p>Centereach High School* 14 43rd Street Centereach, NY 11720 244-4283</p>
<p>Riverhead High School 700 Harrison Avenue Riverhead, NY 11901 369-6587</p>	

*Registration at Centereach High School will be held on June 29 and June 30 from 8 a.m. to 12 p.m.

If you have any questions, please call (631) 244-4283.

Non-Discrimination Statement

Eastern Suffolk BOCES does not discriminate against any employee, student, applicant for employment or candidate for enrollment on the basis of gender, race, color, religion or creed, age, national origin, marital status, disability or any other classification protected by law. For further information or concerns regarding this statement, please contact the Eastern Suffolk BOCES Department of Human Resources at (631) 687-3029.



Eastern Suffolk
BOCES

Educational Services That Transform Lives

2011-2012
Summer School
Health Form

2011-12 Medical Information

Student Name _____

Student Address _____

Home Phone# _____ Work# _____ Cell# _____

Health Alert- Does your child have any health conditions? Yes _____ No _____

If yes please list any health concerns your child has been diagnosed with (such as Asthma, Diabetes, Epilepsy, etc.).

Please list any medication your child is currently taking.

Does your child have any limitations due to these medical conditions?

Does your child have any allergies?

Please list the name of three relatives or friends that may be called in case of an emergency, or if your child is sick in school.

In case of an emergency your child will only be released to the persons listed on this form.

Name _____ Phone () _____ Relationship _____

Name _____ Phone () _____ Relationship _____

Name _____ Phone () _____ Relationship _____

Is there a person who should not have access to your child? Yes _____ NO _____

Order of Protection _____

Name _____ Relationship _____

Parent/Guardian Signature _____ Date _____

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