

**INTRODUCTION:**

The Community Services Division of the Tewksbury Public Schools will be offering remedial academic courses for high school students starting in February, 2010, at Tewksbury Memorial High School. **The first session begins Monday, February 8, 2010.**

**GOAL:**

To provide an educational opportunity and environment for high school aged students who have not had success during the regular school year. It is not the intent to allow students to supplement the rigors of a full semester course, but to allow the student with a failing average of 50% or better to gain credits towards graduation.

**WHO MAY ATTEND:**

This program can serve the needs of high school students who have an “academic” reason (a failing average of 50% or better), or “attendance” reason (absences greater than 12), to gain credits towards graduation.

**DATES, TIMES, and LOCATIONS:**

The “New Start” program begins the week of **February 8, 2010**. Each course will meet for approximately **11 weeks**. The sessions are **2 hours** per day, **twice** per week, unless otherwise noted. **See calendar for exact days and dates.**

**MATH, SCIENCE AND WELLNESS SESSIONS BEGIN MONDAY, February 8, 2010, and will meet on Mondays and Thursdays, classrooms to be determined. See Guidance information board for exact location.**

**ENGLISH, HISTORY AND SPANISH SESSIONS BEGIN TUESDAY, February 9, 2010, and will meet on Tuesdays and Wednesdays, classroom to be determined. See Guidance information board for exact location.**

**TUITION:**

<u>Category</u>	<u># of Hours</u>	<u>Tuition</u>
5 Credit Academic	45 (full session)	\$135.00
2.5 Credit Academic	24	\$ 70.00
more than 20 absences	45 (full session)	\$135.00
17-20 absences	24	\$ 70.00
13-16 absences	12	\$ 35.00

**REGISTRATION:**

The enclosed registration application, **INCLUDING THE “ACCIDENT/ILLNESS FORM” and “CONSENT AND RELEASE FORM”, needs to be completed and returned to the Guidance Office.** It must then be forwarded to the appropriate administrator for approval. The Office of Community Services will then process your **completed** application. **The registration deadline is Friday, January 29, 2010.** **Classes will be limited to 15 students per subject area.** **Enrollment will take place on a first come, first serve basis.** *Also, classes are subject to enrollment.*

**CURRICULUM:**

The curriculum standards in the “New Start” program parallel the current curriculum standards established by Tewksbury Memorial High School. With a limited staff, areas of concentration will be subjects related to, English, History, Spanish, Science, Mathematics and Wellness. All curriculum of the “New Start” program focuses primarily on meeting the specific needs of individual students. One-on-one and very small group work is the core of the “New Start” program.

**GUIDANCE SERVICES:**

Guidance counselors at the high school retain their “New Start” students as counselees. Should the need arise, you may contact the Guidance Office to speak with your child’s Guidance Counselor at 978-640-7838.

**ACADEMIC CREDITS:**

The student must successfully complete the established curriculum required and have met the attendance requirements of their own personal contract to receive academic credits towards the Tewksbury Memorial High School’s graduation requirements.

**INDIVIDUAL CONTRACT:**

An individual contract **must** be completed by the student before he/she will be admitted to the “New Start” program. The student must agree to the conditions listed in the contract to maintain enrollment in “New Start”. Students are expected to adhere to the discipline code set forth in their school handbook. Any deviation from these rules may result in termination.

**ATTENDANCE:**

In order to obtain credit, 100% attendance is mandatory. A total of up to and including 45 hours of academic course work is necessary to reinstate credit. **Excused Absences: No more than 3 excused absences will be allowed.** Make up sessions in a subsequent New Start session are required. Documentation is required.

**Unexcused Absences:** Absences without documentation will be reviewed by the Director of Community Services and evaluated for appropriateness for make-up sessions.

Please call the Community Services Office at (978) 640-7831 to report your child’s absence.

**EIGHTEEN-YEAR-OLD WAIVER FORM:**

In order to ensure parent/guardian participation in supporting students in the program, students having reached their eighteenth birthday are required to sign a waiver allowing for their parent/guardian to be involved in the program and the decision making process. Signing this form is a condition of enrollment.

**ACCIDENT/ILLNESS FORM AND CONSENT AND RELEASE FORM:**

The accident/illness form on the back of the registration form, and the consent and release form attached to the registration form, are **required to be completed before a student can register for this program.**

**TRANSPORTATION:**

Parents/Guardians or students themselves must provide transportation to and from the program.

**(OVER FOR CALENDAR)**



**REGISTRATION FORM**  
**REGISTRATION DEADLINE IS FRIDAY, JANUARY 29, 2010**

Student's Name: \_\_\_\_\_ Current Grade (2009-2010): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Requested courses for each failing grade (50%-64%) or number of absences (13 or more):**

**(1) Course Number & Name:** \_\_\_\_\_ *Academic 5 Credit Course \$135.00 (45 hours/full session)*

Final Numeric Grade: \_\_\_\_\_ *Academic 2.5 Credit Course \$70.00 (24 consecutive hours)*

**Attendance - # of absences** \_\_\_\_\_

*More than 20 absences \$135.00 (45 hours) \_\_\_\_\_ 17-20 absences \$70.00 (24 hours) \_\_\_\_\_ 13-16 absences \$35.00 (12 hours) \_\_\_\_\_*

**(2) Course Number & Name:** \_\_\_\_\_ *Academic 5 Credit Course \$135.00 (45 hours/full session)*

Final Numeric Grade: \_\_\_\_\_ *Academic 2.5 Credit Course \$70.00 (24 consecutive hours)*

**Attendance - # of absences** \_\_\_\_\_

*More than 20 absences \$135.00 (45 hours) \_\_\_\_\_ 17-20 absences \$70.00 (24 hours) \_\_\_\_\_ 13-16 absences \$35.00 (12 hours) \_\_\_\_\_*

**Check or Money Order made payable to the Town of Tewksbury – NO CASH ACCEPTED**

**Students who received an "Incomplete" from a previous New Start or Summer School session should go directly to the Community Services office to schedule their "make up" day or days.**

By signing below, you indicate that the above named student has a failing average of 50% or better, or has lost credit due to attendance. It is not the intent to allow the student to supplement rigors of a full semester course, but to gain credits towards graduation. **Students are to complete an Individual Contract form in order to be officially enrolled in this program. Students are also required to abide by the Code of Conduct as outlined in the Student Handbook. In order to obtain credit, 100% attendance is mandatory. A total of up to and including 45 hours of academic course work is necessary to reinstate credit. Excused Absences: No more than 3 excused absences will be allowed. Make up sessions in a subsequent New Start session are required. Documentation is required. Unexcused Absences: Absences without documentation will be reviewed by the Director of Community Services and evaluated for appropriateness for make-up sessions. Please call the Community Services Office at (978) 640-7831 to report your child's absence.**

**NOTE: Math/Science/Wellness sessions begin Monday, February 8, 2010  
English/History/Spanish sessions begin Tuesday, February 9, 2010**

Guidance Signature: \_\_\_\_\_ Administrator's Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

<p><b>Did you remember to include:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Completed Registration Form</li><li><input type="checkbox"/> Completed Accident- Illness Form</li><li><input type="checkbox"/> Signed and Witnessed Consent and Release Form</li><li><input type="checkbox"/> Tuition – check or money order made out to the "Town of Tewksbury"</li></ul> <p><b>Your registration is <u>not complete</u> without all of the above.</b></p>	<p>(Office use only) Date registration received: ____/____/10 Total Amount Received \$_____ Check # _____ Amount received for Course #1 \$_____ Amount received for Course #2 \$_____</p> <p style="text-align: right;"><b>(OVER) For Accident-Illness Form</b></p>
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**Spring, 2010 ~ MATH/SCIENCE/WELLNESS**

	M	T	W	T
<b>February</b>	8	X	X	11
	X	X	X	X
	22	X	X	25
<b>March</b>	1	X	X	4
	8	X	X	11
	15	X	X	18
	22	X	X	25
	29	X	X	
<b>April</b>				1
	5	X	X	8
	12	X	X	15
	X	X	X	X
	26	X	X	29
<b>May</b>	3	X	X	6
	10	X	X	13*
	17*			

\*Potential Make-up days due to class cancellation

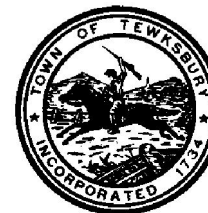
**Spring, 2010 ~ ENGLISH/HISTORY/SPANISH**

	M	T	W	T
<b>February</b>	X	9	10	X
	X	X	X	X
	X	23	24	X
<b>March</b>	X	2	3	X
	X	9	10	X
	X	16	17	X
	X	23	24	X
	X	30	31	
<b>April</b>				X
	X	6	7	X
	X	13	14	X
	X	X	X	X
	X	27	28	X
<b>May</b>	X	4	5	X
	X	11	12*	X
	X	18*		

\*Potential Make-up days due to class cancellation

**TEWKSBURY PUBLIC SCHOOLS  
DIVISION OF COMMUNITY SERVICES**

**“NEW START” PROGRAM  
Spring 2010**



AT

**TEWKSBURY MEMORIAL HIGH SCHOOL**  
*320 Pleasant Street, Tewksbury, MA 01876*

**JOHN LYONS, DIRECTOR**

Telephone (978) 640-7831

**E-mail: [jlyons@tewbury.k12.ma.us](mailto:jlyons@tewbury.k12.ma.us)**

**SCHOOL ADMINISTRATION**

Dr. Christine L. McGrath, Superintendent  
Loreen Bradley, Assistant Superintendent  
John F. Quinn, Business Manager

**SCHOOL COMMITTEE**

Richard O’Neill, Jr., Esq., Chairperson  
Michael P. Kelley, Vice Chairperson  
Jayne W. Miller, Clerk  
Dennis G. Francis  
Dennis J. Peterson

**COMMUNITY SERVICES**

John Lyons, Director  
Kelly Mercier, Assistant  
Maura Rauseo, Assistant  
Anne Duncan, Assistant

**TEWKSBURY PUBLIC SCHOOLS  
NEW START PROGRAM  
ACCIDENT-ILLNESS FORM**

**TO PARENTS/GUARDIANS OF NEW START CHILDREN:**

In case of accident, illness or other emergency, the New Start staff must be able to locate parents/guardians or some other person who will care for your child. For these reasons, we must have on file the names and phone numbers of two other persons who may be called to take care of your child if the parents/guardians cannot be reached. Please supply the information requested below and return this report to our office with your registration form. Thank you for your cooperation.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_  
Last First M.I.  
Home Address \_\_\_\_\_ Tewksbury, MA 01876 Home Phone ( ) \_\_\_\_\_

Parent/Guardian (#1): \_\_\_\_\_ Parent/Guardian (#2): \_\_\_\_\_

Cell (#1): ( ) \_\_\_\_\_ Cell (#2): ( ) \_\_\_\_\_

Parent/Guardian (#1) Place of Business \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Parent/Guardian (#2) Place of Business \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Names of **two persons** who may be called to take care of (and/or pick up) your child in absence of the parent/guardian. These people, if not known by the staff, must provide appropriate identification. **(At least one person should be LOCAL).**

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

In case we cannot get in touch with you and your child needs emergency medical attention, do you authorize this at your expense?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If your answer is no, please describe an alternative action plan.

Name of Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Note: In case of an emergency, the Tewksbury Fire Department will be called and your child will be transported to the NEAREST HOSPITAL at the discretion of the ambulance service.

If we cannot reach your doctor, may we call one available? YES \_\_\_\_\_ NO \_\_\_\_\_ If your answer is no, please describe an alternative action plan.

Does your child have any illnesses, diseases, accidents, allergies, or other chronic health problems? YES \_\_\_\_\_ NO \_\_\_\_\_  
**IF YES, PLEASE LIST.**

Are there any medications that need to be or may need to be administered during program hours? YES \_\_\_\_\_ NO \_\_\_\_\_  
If the answer is "yes", you must come to the site to administer these medications.

Signed \_\_\_\_\_ (PARENT OR GUARDIAN) \_\_\_\_\_ (DATE)

**IT IS THE PARENT'S/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE STAFF IF ANY OF THE ABOVE PHONE NUMBERS OR INFORMATION SHOULD CHANGE.**