

# Nashua School District Secondary Summer School

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## Grades 9-12 Summer School Class Information:

**DATES:** Monday through Friday  
July 1, 2024 through July 26, 2024  
(No class July 4 or July 5)

**LOCATION:** NASHUA HIGH SCHOOL SOUTH  
36 Riverside Street Nashua, NH 03062  
(603) 966-2420

**TIME:** Breakfast: 7:30 am – 7:55 am      **Session 1:** 7:55 am – 10:00 am  
Lunch: 12:00 pm – 12:30 pm      **Session 2:** 10:00 am – 12:00 pm

**CONTACT:** Questions? Regina Buckley [ncll@nashua.edu](mailto:ncll@nashua.edu)

**Summer School Graduation will be held on Thursday July 25th at 6:00 pm  
at Nashua High School South Auditorium**

**Students who plan to take summer school credit courses \_\_\_\_\_  
\_\_\_\_\_ to guarantee acceptance of “make-up”  
credit.**

**Students may take up to TWO courses per summer.  
Students cannot participate in Summer School and Drivers Ed.**

**2024 NASHUA SCHOOL DISTRICT SUMMER SCHOOL – GRADES 9-12**

**July 1, 2024 – JULY 26, 2024**

**7:55 am to 12:00 pm**

Walk-In Registration is at **Nashua High School North** in front of the main office – 8 Titan Way, Nashua, NH 03063

**Dates:**

Walk-In Registration is at **Nashua High School South** in front of the main office

**Dates:**

**All students need to be enrolled prior to JUNE 27th**

<p><b>COURSE FEES</b></p>
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**ATTENDANCE POLICY:**

**DISCIPLINE POLICY**

**Core values ARE expected. Students who fail to meet expectations will be removed from the program.**

**TRANSPORTATION:**

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**2024 NASHUA SCHOOL DISTRICT SUMMER SCHOOL – GRADES 9-12**  
**JULY 1, 2024 – JULY 26, 2024**  
**REGISTRATION FORM**

**NOW**

Classes Offered Session 1 from 7:55 am – 10:00 am		Classes Offered Session 2 from 10:00 am – 12:00 pm	
ENGLISH	MATH	ENGLISH	MATH
SCIENCE	SOCIAL STUDIES	SCIENCE	SOCIAL STUDIES
<b>** Economics will be 7/1-7/15 ** Civics will be 7/16-7/26</b>		<div style="border: 2px solid black; width: 150px; height: 60px; margin: 0 auto;"></div>	

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**NASHUA SCHOOL DISTRICT  
HEALTH HISTORY**

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

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Please fill out the following health information on your child. A health record is kept on each child and needs to be updated each year.**

1. Has your child had (please give age or date):

Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ German Measles \_\_\_\_\_

Whooping Cough \_\_\_\_\_ Mumps \_\_\_\_\_ Poliomyelitis \_\_\_\_\_

Ear Infections \_\_\_\_\_ Strep Throat \_\_\_\_\_ Pneumonia \_\_\_\_\_

Tuberculos \_\_\_\_\_

# DISTRITO ESCOLAR DE NASHUA

## HISTORIAL DE SALUD

Nombre del Estudiante \_\_\_\_\_ Dirección \_\_\_\_\_

Fecha de Nacimiento \_\_\_\_\_ Grado \_\_\_\_\_

**Por favor sírvase completar el siguiente formulario con información pertinente a la historia médica de su hijo o hija. Este historial médico deberá actualizarse cada año escolar.**

1. Si su hijo(a) ha tenido lo siguiente: (por favor anote la edad o la fecha)

Vericela \_\_\_\_\_ Sarampión \_\_\_\_\_ Sarampión alemán \_\_\_\_\_

Tos ferina \_\_\_\_\_ Paperas \_\_\_\_\_ Poliomyelitis \_\_\_\_\_

Tuberculosis \_\_\_\_\_ Hepatitis \_\_\_\_\_ Mononucleosis \_\_\_\_\_

Fiebre Escarlatina \_\_\_\_\_

2. Tiene su Hijo(a):

Asma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsia \_\_\_\_\_ Convulsiones \_\_\_\_\_ Palsy Cerebral \_\_\_\_\_

Sordera \_\_\_\_\_

## SHARING INFORMATION WITH OTHER PROGRAMS