



# SUMMER SCHOOL 2022

**Registration Packet**

***Due June 3rd, 2022***

*Program runs June 6 – June 30, 2022*

Pioneer Career and Technology Center  
27 Ryan Road, Shelby, Ohio 44875

## **Parents and Students:**

The Pioneer summer school is an opportunity for students to concentrate their efforts for a short period of time to earn credits toward graduation. However, only the **truly committed** student will be **successful**. It is not easier than a regular classroom; it is just different. **Self-motivation** is an important factor in the success of the student. Students need to devote approximately **three hours per day** to each full credit course taken.

If you choose to use Pioneer's online school, there are a few important items to remember. Students will have the option of working primarily from home if they furnish a signed waiver from a parent or guardian. The waiver must be turned in before a student can begin working off site. **Even if they sign an attendance waiver, a student is still required to attend six hours each week.** We have found this is vital to the success of the student. If a waiver is not signed, students must attend all Four days each week for both sessions each day. If the student misses more than two days, he or she will be excused from the program and receive no credit for the course(s). Students work independently. There will be a contact teacher available on-line for each course throughout the entire time and in the lab on certain days. When students are in lab and violate the computer agreement with Pioneer by playing games, using chat rooms, or internet exploration not related to the course work, they will be reprimanded and possibly removed from the lab. Students will be expected to work quietly and be respectful of others in the lab. Students who cause disturbances in the lab may be removed.

If it appears that the student is not on track to finish the course(s) in the four weeks, we will notify the parent/guardian and recommend that the student attend the Pioneer lab every day.

**Any student who is required to attend summer school in order to be admitted to Pioneer as a junior, or to return to Pioneer as a senior, will receive a reimbursement for summer school if the course is passed. The reimbursement will be given after the successful completion of the first quarter of the 2022-2023 school year.**

Sincerely,

**Shannon Sprang**  
Summer School Supervisor  
Pioneer Career and Technology Center  
27 Ryan Road  
Shelby, Ohio 44875  
(419)347-7744 ext 42252  
[Sprang.shannonl@pioneerctc.edu](mailto:Sprang.shannonl@pioneerctc.edu)

## INFORMATION SHEET

### Dates

June 6- June 30, 2022

### Mandatory Information Meeting

Monday June 6, 2022 at 8:15 a.m. or 12:15 p.m.

*Room C114*

Approximately 30 minute meeting, please call to let us know which session you will attend and how many people to expect so we can place seats according to our social distancing guidelines, students may choose to stay afterwards to begin work on their courses.

Our superintendent has asked that all persons in the building wear face coverings – if this will be a problem, please call John Yohe, the summer school coordinator, to make other arrangements for this meeting (419-347-7744 x42832).

### Summer School Computer Lab Hours

Monday through Thursday

Morning Session 8:00 a.m. – 11:00 a.m.

Lunch 11:00 a.m. – 12:00 p.m.  
(Lab is closed for cleaning during this time.)

Afternoon Session 12:00 p.m. – 3:00 p.m.

### Progress Reports

You will be asked to provide an email address in order to receive weekly progress reports on your student. How to read the progress reports and what to look for will be covered in the mandatory meeting. If you do not have regular access to email, please provide the summer school coordinator with an alternative way to contact you to receive this information.

If your student fails to make adequate weekly progress or falls behind more than 15% of the course completion pace, your student will be asked to report to Pioneer daily until the student is caught up in their work.

## COURSE OFFERINGS

| Course Name                           | Category                  | Credit |
|---------------------------------------|---------------------------|--------|
| English 9                             | English or Honors English | 1      |
| English 10                            | English or Honors English | 1      |
| English 11                            | English or Honors English | 1      |
| English 12                            | English or Honors English | 1      |
| Literacy and Comprehension I          | English                   | 1      |
| Literacy and Comprehension II         | English                   | 1      |
| Intro. To Speech and Communications   | English                   | 1      |
| Expository Reading and Writing        | English                   | 1      |
| Classic Novels and Authors Studies    | Honors English            | ½      |
| Modern World History                  | Social Studies            | 1      |
| World Geography                       | Social Studies            | 1      |
| Psychology                            | Social Studies            | 1      |
| Contemporary Issues                   | Social Studies            | 1      |
| American History                      | Social Studies            | 1      |
| Sociology                             | Social Studies            | 1      |
| U.S. Government                       | Social Studies            | ½      |
| Economics and Financial Literacy      | Social Studies            | ½      |
| Biology                               | Science                   | 1      |
| Physical Science                      | Science                   | 1      |
| Physical Geology                      | Science                   | 1      |
| Chemistry                             | Science                   | 1      |
| Physics                               | Science                   | 1      |
| Environmental Science                 | Science                   | 1      |
| Anatomy                               | Science                   | 1      |
| Algebra I                             | Math or Honors Math       | 1      |
| Geometry                              | Math or Honors Math       | 1      |
| Algebra 2                             | Math or Honors Math       | 1      |
| Pre-Calculus                          | Math or Honors Math       | 1      |
| Math Applications                     | Math                      | 1      |
| Math Modeling                         | Math                      | 1      |
| Advanced Math                         | Math                      | 1      |
| Statistics                            | Math                      | 1      |
|                                       |                           |        |
|                                       |                           |        |
| Healthy Living or Contemporary Health | Health                    | ½      |
| Lifetime Fitness                      | Health                    | ½      |
| Personal Finance                      | Elective                  | ½      |
| Introduction to Art                   | Elective                  | 1      |
| Classic Literary Novels               | Elective                  | 1      |
| Introduction to Entrepreneurship      | Elective                  | 1      |

## COMPUTER USE AGREEMENT

Use of the computer and Internet has been provided to students, for educational purposes, by the Pioneer Career and Technology Board of Education. However, some material accessible via the Internet may contain items that are illegal, defamatory, or potentially offensive to some people. Access to the Internet is given as a privilege to students who agree to act in a considerate and responsible manner. We require that students and parents or guardians to read and abide by the rules for acceptable use of the computer, Internet, network, and servers of Pioneer. By signing the student code of conduct, students and parent/guardians accept the following:

- Students are responsible for good behavior when using the computer, server, network and the Internet just as they are in a school building. General school rules for behavior and communications apply to computer usage.
- Computer or network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Pioneer reserves the right to monitor, inspect, copy, review, and store at any time, without prior notice, any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage. Users should not expect that files will always be private; they can be deleted by the network administrators. All such information files shall be and remain the property of Pioneer and no user shall have any expectation of privacy regarding such materials.
- When students leave their computer workstation, they should log off or lock their computer so no other student can access their files or computer.
- If students lose computer privileges of any sort, they are still responsible to complete all projects that require computer access outside of school.

The following list includes, but is not limited to, violations deemed inappropriate by Pioneer administration on the use of the computer, network, and servers:

- Harassing, insulting, or attacking others through the school network or from home to school computers
- Damaging computers, computer systems, or computer networks or servers
- Attempting to vandalize the computer, network, or servers by creating computer viruses and/or maliciously attempting to harm or destroy materials or data
- Violating copyright laws by copying commercial software or files to your computer
- Using another's password or sharing your password with others
- Viewing or trespassing in another person's folders, work, or files on Pioneer computers or network
- Deleting, copying, or modifying another student's work or sharing your work with another
- Visiting chat rooms or remote logins to your home computer or retrieving your home email or bypassing the proxy server's filtering system
- Downloading any software or material without your instructor's permission
- Using unauthorized disks, devices, or CDs without the instructor's permission
- Using the computer/network/servers for financial gain, for commercial activity, or for any illegal activity
- Revealing the personal address or phone number of yourself or any other person without permission from your instructor
- Using e-mail not following guidelines established by the instructor or without permission
- Creating, modifying or destroying directories, files, etc. on a computer, the network, or the school servers without permission
- Sending or displaying any message on school computers to other computers
- Sending, displaying or using obscene language or pictures on the school network
- Downloading and saving games or unnecessary or inappropriate pictures or information on the network
- Using the instructor's computer without their permission
- Hacking: using/attempting to use Pioneer's network to gain unauthorized access to other computer systems

Failure to follow the rules concerning computer and network usage will revoke a student's use of any computers at Pioneer, will jeopardize grades, and will result in other disciplinary and/or legal actions.

## REGISTRATION CHECKLIST

NAME: \_\_\_\_\_

| <b>Registration Checklist</b>  | ✓ |
|--|---|
| Summer School Registration Form  |   |
| Payment –NO EXCEPTIONS<br>Must pay by money order, cash or credit card to register |   |
| Computer Use Agreement   |   |
| Attendance Policy Agreement  |   |
| Attendance Waiver Form (if applicable)   |   |
| Emergency Medical Form   |   |

*Return this with your registration forms by June 3rd, 2022*

*Registration will not be complete and the course cannot be started until all the forms and payments are received.*

## SUMMER SCHOOL ATTENDANCE POLICY

Enrollment into Pioneer Career and Technology Center Summer School is a choice of independent learning. You are responsible for your lessons, your learning, and yourself. Unless your caretaker signs an attendance waiver, you are required to attend Pioneer lab during all open hours. If you miss more than two days, you will be excused from the program and receive no credit for the course(s).

Lab hours are as follows:

Monday through Thursday

Morning Session 8:00 a.m. – 11:00 a.m.

Lunch 11:00 a.m. – 12:00 p.m.  
(Lab is closed for cleaning during this time.)

Afternoon Session 12:00 p.m. – 3:00 p.m.

Students will have the option of working primarily from home if they furnish a signed waiver from their parents or guardian. The waiver must be turned in before a student can begin working off site. **Even if they sign an attendance waiver, a student is still required to attend at least two 3-hour sessions each week.** We have found this is vital to the success of the student. If a student misses two sessions, he or she will be excused from the program and receive no credit for the course(s). No refund of the tuition will be granted.

## PIONEER SUMMER SCHOOL PRICING 2022

|                                    |              |                            |
|------------------------------------|--------------|----------------------------|
| <b>First Course</b>                | <b>\$200</b> | First 1 Credit Course      |
|                                    | <b>\$165</b> | First ½ Credit Course      |
| <b>Additional 1 credit courses</b> | <b>\$125</b> | for each additional course |
| <b>Additional ½ credit courses</b> | <b>\$75</b>  | for each additional course |

\*\*\* 2 half credit classes do not equal the cost of a full credit course.

\*\*\* The non-refundable fee should be paid to Pioneer Career and Technology Center at the time of registration. Please make checks payable to Pioneer Career and Technology Center.

## SUMMER SCHOOL REGISTRATION FORM

|                 |   |   |  |               |  |
|-----------------|---|---|--|---------------|--|
| Name of Student |   | Age   |  | Date of Birth |  |
| Grade Level     | School District   | Will the school district accept this credit |  | Yes or No     |  |
| Pioneer Status  | <input type="checkbox"/> Current student <input type="checkbox"/> Future student <input type="checkbox"/> Neither<br>Pioneer Program (if applicable): |   |  |               |  |
| Student Email   |   | Student Phone (emergency only)              |  |               |  |

*Student's contact information will be used for progress monitoring and notification of school closure only.*

|                           |  |                 |  |
|---------------------------|--|-----------------|--|
| Name of Primary Caretaker |  |                 |  |
| Address                   |  |                 |  |
| City                      |  | ZIP             |  |
| Main Phone                |  | Secondary Phone |  |
| E-Mail                    |  |                 |  |

*Calls will most likely occur during computer lab hours: 8am-3pm Mon-Thurs; Progress reports are sent via email.*

|                           |  |                 |  |
|---------------------------|--|-----------------|--|
| Name of Secondary Contact |  |                 |  |
| Address                   |  |                 |  |
| City                      |  | ZIP             |  |
| Main Phone                |  | Secondary Phone |  |
| E-Mail                    |  |                 |  |

*Secondary contact will be used when primary caretaker cannot be contacted.*

|                        |  |           |  |
|------------------------|--|-----------|--|
| 1 <sup>st</sup> Course |  | \$        |  |
| Course                 |  | \$        |  |
| Course                 |  | \$        |  |
| Course                 |  | \$        |  |
| <b>TOTAL DUE</b>       |  | <b>\$</b> |  |

*Write the entire name of course from course list. It is up to you to make sure your school accepts credit from summer school. Please check with your school whether or not they accept credit. Also, before you fill this out, make sure you are taking the right courses that you need. If you don't check with them and have them sign this, then it's at your own risk. Registration will not be complete and the course cannot be started until all the forms and payments are received.*

### Office Use Only

| Payment Amount | Payment Type | Date | Initials |
|----------------|--------------|------|----------|
|                |              |      |          |
|                |              |      |          |



**\*\*PLEASE USE DARK BLUE OR BLACK INK TO COMPLETE THIS FORM\*\***

## COMPUTER NETWORK AND INTERNET ACCEPTABLE USE AGREEMENT

I have read, understand, and agree to abide by the terms of the Pioneer Career and Technology Center’s Acceptable Use Policy and Agreement. Should I commit any violation or in any way misuse access to the Pioneer Career and Technology Center’s computer network and Internet, I understand and agree that access privileges may be revoked. Failure to abide by this agreement will result in my removal from the Virtual Learning Academy – Summer School without refund of tuition paid. Furthermore, I will not be given the privilege of subsequent enrollment into the Virtual Learning Academy for one calendar year.

|                                       |                            |             |
|---------------------------------------|----------------------------|-------------|
|                                       |                            |             |
| <i>Student Name (Print Clearly)</i>   | <i>Student Signature</i>   | <i>Date</i> |
|                                       |                            |             |
| <i>Caretaker Name (Print Clearly)</i> | <i>Caretaker Signature</i> | <i>Date</i> |

*Note: This agreement must be signed and returned with the Summer Session Registration and full tuition BEFORE the student will be granted access to the network or the Internet.*

## DAILY ATTENDANCE WAIVER (OPTIONAL)

I give my permission for \_\_\_\_\_ (Print student’s name) to work on their Summer School lessons off site. They are able to access the internet off site, and I will monitor their activity. I also understand that they may come to the lab for extra help or to use the computers for lessons during hours of operation. I understand that the Summer School Coordinator will monitor the student’s progress, and if the Coordinator assesses that the student is not keeping up with the lessons at an acceptable rate, they may require them to attend the Summer School lab daily to complete the lessons in order to receive the credit for the course.

|                                       |                            |             |
|---------------------------------------|----------------------------|-------------|
|                                       |                            |             |
| <i>Caretaker Name (Print Clearly)</i> | <i>Caretaker Signature</i> | <i>Date</i> |

## ATTENDANCE POLICY AGREEMENT

I have read the Summer School Attendance Policy and am willing to abide by it. I understand that I am required to attend daily or a minimum of two 3-hour sessions per week (with a signed attendance waiver) and that failure to do so could result in excusal from the program and I will receive no credit for the course(s) and that no refund of the tuition will be granted.

|                                       |                            |             |
|---------------------------------------|----------------------------|-------------|
|                                       |                            |             |
| <i>Student Name (Print Clearly)</i>   | <i>Student Signature</i>   | <i>Date</i> |
|                                       |                            |             |
| <i>Caretaker Name (Print Clearly)</i> | <i>Caretaker Signature</i> | <i>Date</i> |

**\*\*PLEASE USE DARK BLUE OR BLACK INK TO COMPLETE THIS FORM\*\***

## EMERGENCY MEDICAL AUTHORIZATION FORM 2022

**Purpose of this form:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

|                 |                |                    |                    |
|-----------------|----------------|--------------------|--------------------|
| STUDENT'S NAME: | AGE:           | BIRTHDATE:         | SOCIAL SECURITY #: |
| ADDRESS:        | CITY:          | ZIP CODE:          | SCHOOL             |
| PHONE NUMBER:   | INSURANCE CO.: | INSURANCE GROUP #: |                    |

**RESIDENTIAL PARENT OR GUARDIAN:**

|                      |             |             |             |
|----------------------|-------------|-------------|-------------|
| MOTHER'S NAME:       | ADDRESS:    | HOME PHONE: | CELL PHONE: |
| PLACE OF EMPLOYMENT: | WORK PHONE: |             |             |

|                      |             |             |             |
|----------------------|-------------|-------------|-------------|
| FATHER NAME:         | ADDRESS:    | HOME PHONE: | CELL PHONE: |
| PLACE OF EMPLOYMENT: | WORK PHONE: |             |             |

**NAME OF RELATIVE(S) OR OTHER PERSON(S) IN CASE OF ILLNESS OR EMERGENCY:**

|              |             |             |               |
|--------------|-------------|-------------|---------------|
| NAME:        | ADDRESS:    | HOME PHONE: | RELATIONSHIP: |
| PHONE NUMBER | WORK PHONE: |             |               |

|              |             |             |               |
|--------------|-------------|-------------|---------------|
| NAME:        | ADDRESS:    | HOME PHONE: | RELATIONSHIP: |
| PHONE NUMBER | WORK PHONE: |             |               |

|  |
|--|
| <b>Student Medical History:</b>  |
| The information that you provide on this form is to be used for emergency purposes and only released to emergency personnel, Pioneer CTC staff (for lab and field trips) and the School Nurse. |

Please provide specific information concerning the student's medical history.

|  |                      |
|--|----------------------|
| Date of last tetanus immunization: _____<br>(If more than 10 years, have student re-immunized) |                      |
| Allergies to medications, bee stings, etc.<br>(Please list symptoms of reaction):              | Current Medications: |

|   |               |
|---|---------------|
| <b>Chronic illnesses; physical limitations or medical conditions:</b> | <b>Other:</b> |
|---|---------------|

**PART 1 OR PART 2 MUST BE COMPLETED**

|  |  |
|--|--|
|  | <b>PART 1: TO GRANT CONSENT</b><br>Initial in box at the left to grant consent, complete the section below, then sign and date the bottom. |
|--|--|

I hereby give consent for the following medical care providers and local hospital to be called:

|                            |               |
|----------------------------|---------------|
| <b>Physician:</b>          | <b>Phone:</b> |
| <b>Dentist:</b>            | <b>Phone:</b> |
| <b>Medical Specialist:</b> | <b>Phone:</b> |
| <b>Local Hospital:</b>     | <b>Phone:</b> |

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (s) the transfer of the child to any hospital accessible.



|  |   |
|--|---|
|  | <b>PART 2: REFUSAL TO GRANT CONSENT</b><br>Initial in box at the left to refuse consent, complete the section below, then sign and date the bottom. |
|--|---|

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the action outlined below:

**Action to be taken:**



|  |              |
|--|--------------|
| <b>INITIAL PART 1 or 2 ABOVE.<br/>DATE AND SIGN.</b> | <b>Date:</b> |
|--|--------------|

\_\_\_\_\_  
**Signature of Parent/Guardian (REQUIRED)**

**WAIVER OF LIABILITY, ACKNOWLEDGMENT AND ASSUMPTION  
OF RISK AGREEMENT FOR USE OF SCHOOL FACILITIES  
AND EQUIPMENT DURING SUMMER BREAK**

Participant Name: \_\_\_\_\_ (Please Print)

On March 11, 2020, COVID-19, a highly contagious disease that is spread through person-to-person contact was declared a worldwide pandemic by the World Health Organization and on March 13, 2020, U.S. President Donald Trump declared the COVID-19 outbreak a national emergency. On March 12, 2020, the Director of the Ohio Department of Health (“ODH”) ordered K-12 schools to close. On March 17, 2020, the Director of ODH ordered all entertainment, recreation, and gymnasiums to close until the March 17, 2020 Order is rescinded or modified. On April 29, 2020, the Director of ODH ordered that all K-12 schools remain closed through June 30, 2020 due to COVID-19. On 5/26/20, the ODH rescinded the March 17, 2020 order prohibiting recreational facilities and gymnasiums from opening. Additionally, schools and educational service centers are permitted to allow students to use the school facilities to participate in school activities.

Given the widespread outbreak and the possibility of COVID-19 being contracted, federal, state, and local governments, and federal and state health agencies, recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people. As a result, the Pioneer Career & Technology Center BOE has put in place preventative measures to reduce the spread of COVID-19. Even with these measures, the Pioneer cannot guarantee that its students or other individuals, participating in activities (“Participants”) at Pioneer Classrooms, Labs or similar venues (“Facilities”) and using Pioneer equipment (“Equipment”) will not become infected with COVID-19.

By signing this agreement, the Participant agrees that:

1. Use of Pioneer Facilities and Equipment during summer break is voluntary;
2. While at Pioneer Facilities and using Pioneer Equipment, all safety and social distancing protocols as described in the Pioneer’s Social-Distancing Procedures must be followed;
3. The Participant will not use the Facilities or Equipment if his/her temperature is above 100.4 degrees Fahrenheit on any day that the Participant is to participate in any activity, or if the Participant has been exposed to any person who has tested positive for COVID-19 in the past fourteen (14) days;
4. COVID-19 is contagious, and the Participant understands it is the sole responsibility of the Participant and his/her parent/guardian as applicable, to evaluate carefully all risks inherent in using the Pioneer’s Facilities and Equipment. The Participant and his/her parent/guardian as applicable voluntarily assumes full responsibility for the risk that the Participant may be exposed to or infected by COVID-19 by using the Pioneer’s Facilities

and Equipment, and that such exposure or infection may result in personal injury, illness, permanent disability, death or other damages or expenses;

5. The risk of becoming exposed to or infected by COVID-19 at Pioneer Facilities may result from the actions, omissions, or negligence of the Participant or others, including, but not limited to, Pioneer students, staff, volunteers, and guests;
6. The Participant assumes all of the foregoing risks and accepts sole responsibility for any injury to the Participant including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that the Participant or their parent/guardian may experience or incur in connection with Participant’s use of Pioneer Facilities or Equipment (“Claims”);
7. The Participant releases and agrees to hold harmless and indemnify the Pioneer, its members, employees, and agents, from any and all liability, arising from negligence or otherwise, and any damages as a result of the Participant’s use of the Pioneer’s Facilities or Equipment, including but not limited to property damage and any mental or physical bodily injury, including death; and
8. This release includes any Claims based on the actions, omissions, or negligence of the Pioneer, its members, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after use of the Pioneer’s Facilities or Equipment.
9. The foregoing WAIVER OF LIABILITY, ACKNOWLEDGMENT, AND ASSUMPTION OF RISK AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the remaining provisions of this Agreement shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, have read the above carefully, understand its significance, and voluntarily agree to all of its terms. If the student is under 18 years of age, this Agreement must be signed by the student’s parent or guardian. For divorced/separated parents, the parent/guardian signing below attests that he/she has legal authority to provide consent for the student to attend Pioneer activities and use its Facilities and Equipment and to execute this Waiver of Liability, Acknowledgment, and Assumption of Risk Agreement.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature of Student

If student is a minor, either a parent or guardian must sign below, if they agree with the terms of this Agreement.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_