

OGT SUMMER TESTING PROGRAM - 2010

The format for the session is 10 hours of class time (Monday, June 14 through Friday, June 18 for 2 hours each day per class) with the test the following week. Students are required to take the remediation classes before taking the test. The only exception is a student who has completed all the requirements for graduation and **ONLY** needs to pass the OGT to graduate. Actual testing day for each test subject is not yet determined but each will be given on a different day during the week of June 21, 2010.

There will be an organizational meeting at 9 a.m. On Monday, June 14. The meeting time for each class will be set at that meeting depending on needs of students.

If you have any questions on the OGT Summer program, please call Chris Renn at (419) 425-8256.

Summer OGT TESTING Registration Form ** Findlay City Schools

**Classes begin on June 14, 2010
Test Date: Week of June 21-25, 2010**

This Registration Must be Filled Out Completely Before It Will Be Processed

Name _____ Phone _____

Address _____ City _____ Zip _____

Gender: Male ____ Female ____ Age _____ Birth Date _____

ESL (English is NOT your first language) Student: Yes _____ No _____

Are you currently on an Individual Education Plan (IEP)? Yes _____ No _____
(If YES, please attach the sheet describing any test accommodations)

Grade completed in 2009/10 _____ Grade Entering in 2010/11 _____

School Attended in 2009/10 _____ School District _____

School Address _____

School District of Your Residence
(If different from the one you attend) _____

OGT Testing Remediation Classes/Tests requested by 10th or 11th graders (you may select two different classes):

Circle no more than two: MATH SCIENCE SOCIAL STUDIES WRITING READING

If you have completed ALL your high school coursework, you may take **all** classes/tests you have not yet passed. (For students needing ONLY to pass OGT to graduate):

Circle ALL tests you will be taking: MATH SCIENCE SOCIAL STUDIES WRITING READING

The undersigned understands that all provisions of the Findlay High School Discipline Codes apply to all summer school students.

Student Signature _____

Parent Signature _____
(if student is under 18)

This form must be completed and accompanied by the registration fee. **The FEE for students NOT attending Findlay High is \$50. Make checks payable to Findlay City Schools.** There is NO fee for FHS students. Mail to: Findlay Summer School, c/o Chris Renn, Findlay High School, 1200 Broad Ave., Findlay, OH 45840. **Deadline for mail registration is June 8, 2010.**

IF YOU DO NOT ATTEND FINDLAY HIGH SCHOOL – Please ask your home school to order an OGT test label for you. Mail your OGT test label (with your name, ID's numbers, etc.) to Findlay Summer School, c/o Chris Renn, 1200 Broad Avenue, Findlay, OH 45840. Label is needed by June 14, 2010. We will place this label on your OGT answer booklet.

Findlay City School District* Emergency Medical Authorization (O.R.C. 3313.712)
2010 FINDLAY SUMMER SCHOOL**

Student's Name _____ Phone Number (Home) _____

Address _____

Purpose: 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.

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Other's Name _____ Daytime Phone _____

Name of Relative or Childcare Provider _____ Relationship _____

Address _____ Phone _____

PART I OR II MUST BE COMPLETED

Part I - To Grant Consent:

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

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by above-named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring with the necessity for such surgery, are obtained prior to performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and physical impairments to which a physician should be alerted: _____

Signature of Parent or Guardian _____ Date _____

Address _____

Part II - Refusal to Consent (DO NOT COMPLETE IF YOU COMPLETED PART I)

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 following actions:

Signature of Parent/Guardian _____ Date _____

Address _____