

Willis Independent School District 2017 Summer Programs

HIGH SCHOOL

JUNE & JULY

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

LEGEND	
	Student Holiday
	HS Credit Recovery
	EOC Prep Course
	Teacher Workday
	Pre-K and K & GEMS

ELEMENTARY SCHOOL

JUNE

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

JULY

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Program	Location	Dates & Times	Cost
High School Credit Recovery	Stubblefield	June 5 - June 29 (9:00am – 3:00pm M-TH)	\$150.00 per course semester credit
High School End-of-Course Preparation Course	Willis High School	AM Session June 12-15 (8am– 11:30am) PM Session June 12-15 (12:30pm– 4pm)	No cost for qualified students
Pre-K and Kindergarten - Bilingual	Cannan ES	AM Session 6/13-30 & 7/5-7/21 (7:30am– 12pm M-F) PM Session 6/13-30 & 7/5-7/21 (11:30am– 4pm M-F)	No cost for qualified students
1st & 2nd grade ELL Students Gaining English Mastery Sessions (GEMS)	Cannan ES	AM Session 6/13-30 & 7/5-7/21 (7:30am– 12pm M-F) PM Session 6/13-30 & 7/5-7/21 (11:30am– 4pm M-F)	No cost for qualified students
Registration	Now through May 1 st for all Elementary programs. Return a completed Registration Form to your campus Counselor. For information regarding the High School programs, please contact your campus Counselor.		
Meals	Breakfast and lunch will be provided free to all WISD students at Cannan ES on the following dates: 6/13-30 & 7/5-7/21 (Breakfast 7:30am –8:00am) & (Lunch 11:30am–12:30pm)		
Transportation	Bus service will begin June 13 th for the programs at Cannan Elementary. Summer School bus routes will be developed on an as needed basis. Parents must register for Summer School bus service by May 15 th to receive service beginning the first day of classes. Parents contacting the Bus Department after May 15 th will be given information when service will be available. Call 890-1344 or 890-8751 for more information.		
High School Credit Recovery Stubblefield Academy 207 Philpot, Willis, TX 77378 Principal – Tanya Maddin (936-856-1302)	End-of-Course Prep Course Willis High School 1201 FM 830, Willis, TX 77378 Principal – Sara Goolsby (936-856-1262)	Pre-K and K Bilingual and GEMS Cannan Elementary 7639 County Line Rd., Willis, TX 77378 Principal - Felicia Jackson (936-856-1241)	

**WISD School Summer School /Escuela de Verano de WISD
Registration/Demographic Card/Registro/Tarjeta Demografica**

Please Print Clearly/*Por favor imprima claramente*

Student Name: _____
Nombre del estudiante: Last Name/Apellido First Name/Nombre MI/Inicial

Student ID Number: _____ Home Campus _____
Número de ID del estudiante Escuela que asiste el estudiante

Mailing Address: _____
Direccion Postal:

Physical Address: _____
Direccion /Domicilio:

City: _____ State: _____ Zip: _____
Ciudad: Estado:Codigo Postal:

Home Phone #: _____ Email: _____
Teléfono de la casa: Correo Electronico:

Mother Work #: _____ Cell#: _____
Teléfono del trabajo de la madre: Celular:

Father Work #: _____ Cell#: _____
Teléfono del trabajo del padre: Celular:

Emergency Contact Name: _____ Phone#: _____
Contacto de emergencia: Teléfono:

Parent or Guardian Signature: _____ Date: _____
Firma del padre o guardian legal: Fecha:

List any medical concerns/*Detalle las preocupaciones médicas:*

Will you need bus transportation? (Morning, Afternoon, or Both) _____
¿Necesita transporte del autobús? (Mañana, Tarde, o ambos)

Summer School course needed? – Fill in course name below.
¿Curso que necesita tomar en la escuela de verano? Complete el nombre del curso abajo.

Course #1 _____
Curso #1

FOR ADMINISTRATION USE ONLY: Date _____ Initials _____
Registration/Tuition collected \$ _____ cash check # _____ Need Based _____

**Willis High School Credit Recovery/ Willis High School Recuperación de créditos
Registration/Demographic Card/Registro/Tarjeta Demografica**

Please Print Clearly/*Por favor imprima claramente*

Student Name: _____
Nombre del estudiante: Last Name/Apellido First Name/Nombre MI/Inicial

Student ID Number: _____ Home Campus _____
Número de ID del estudiante Escuela que asiste el estudiante

Mailing Address: _____
Dirección Postal:

Physical Address: _____
Dirección /Domicilio:

City: _____ State: _____ Zip: _____
Ciudad: Estado: Código Postal:

Home Phone #: _____ Email: _____
Teléfono de la casa: Correo Electronico:

Mother Work #: _____ Cell#: _____
Teléfono del trabajo de la madre: Celular:

Father Work #: _____ Cell#: _____
Teléfono del trabajo del padre: Celular:

Emergency Contact Name: _____ Phone#: _____
Contacto de emergencia: Teléfono:

Parent or Guardian Signature: _____ Date: _____
Firma del padre o guardian legal: Fecha:

List any medical concerns/*Detalle las preocupaciones médicas:*

Summer School course needed? – Fill in course name below.
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Course #1 _____
Curso #1

FOR ADMINISTRATION USE ONLY: Date _____ Initials _____ Registration/Tuition collected \$ _____ cash check # _____ Need Based _____
