## SCHOOL Application for Approval to Operate Summer School (submit two (2) signed copies to the county office)

Instructions: Annually, each district board of education seeking approval from the Executive County Superintendent of Schools to operate a summer session shall submit one DISTRICT Application form and one SCHOOL Application form for each school in which a summer session is to be operated. Documentation is due on or before May 30.

District/School District	Union Township Board of Education	School	Union High School					
School Mailing Address Street	2350 North Third Street		-			-		
City	Union			State	NJ	Zíp	07083	
Summer School Administrator Prefix	Mr. First Gerry	Last	Benaquista			ţ		
Summer School Administrator Title & Title Certification	Principal	Certification	Principal					
Summer School Administrator Phone & Fax Phone	908-851-6512	Fax	908-687-5204	•	WW. M. Calledon	****		
Summer School Administrator Email Email	gbenaquista@twpunionschools.org							

Dates and Times			and the second s	
Date of Opening Session	Date of Closing Session	Total # of Days in Session	Program Start Time	Program Dismissal Time
June 25, 2012	July 31, 2012	24	8:00 am	1:15 pm

Remedial Courses (Please add rows as necessary.)			
Course Name: Third, that the second is the second of the s	Grade Level(s)	Credits	Total # of Minutes of Instruction
Algebra I	9-12	10.	3600 Minutes
Algebra II	9-12	10	3600 Minutes
Biology	9-12	10	3600 Minutes
Geometry	9-12	10	3600 Minutes
English 9	9-12	10	3600 Minutes
English 10	9-12	10	3600 Minutes
English 11	9-12	10	3600 Minutes
English 12	9-12	10	3600 Minutes

Advanced Courses (Please add rows as necessary.)		
Course Name	Grade Level(s)	Credits Total # of Minutes of Instruction
· • • • • • • • • • • • • • • • • • • •		

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Course Name	Grade Level(s)	Course Description*

<sup>\*</sup>To satisfy the enrichment course description reporting requirement, districts may submit a summer school brochure (with descriptions of these courses).

## DISTRICT Application for Approval to Operate Summer School (submit two (2) signed copies to the county office)

Instructions: Annually, each district board of education seeking approval from the Executive County Superintendent of Schools to operate a summer session shall submit one DISTRICT Application form and one SCHOOL Application form for EACH school in which a summer session is to be operated. Documentation is due on or before May 30.

District Contact Information													
County/District	County	Union						District	Union Tow	nship i	Board o	of Education	A STATE OF THE PARTY OF THE PAR
Chief School Administrator	Prefix	Dr.	First	Patrick				Last	Martin				
District Mailing Address	Street	2369 N	1orris A	ve									
	City	Union						, , , <u>-</u> , .		State	NJ Z	ip 07083	
District Summer School Contact Person	Prefix	Mr.	First	Gerry				Last	Benaquista				
Contact Person Phone & Fax	Phone	908-85	1-6512					Fax	908-687-5204				
Contact Person Email	Email	gbena	quista	@twpunio	onschools	s.or	5						
List of schools in which summer sessions will be conducted Union High School  Attach additional sheets if necessary.						I he resi	ts of Assurance reby certify that suant to N.J.A.C. reby certify that de in the district reby certify that sess valid certific ges for remedial or advourses may also follow	the sun 6A:32-2 any sur will be all teac cates for vanced cou	nmer school 10.1, 10.2, 10 nmer school levied in acc hers hired to r subjects tar	0.4 and tuition ordand work ught.	im will 10.5 charg ce with in the s	ed to student: N.J.S.A. 18A:1 summer session	s who !1-15.* on
Signature of Chief School Administrator  Date  The district accepts students from out-of-district to attend summer school?   Yes  No													
			1 1 2 2					·			·		,
Executive County Superintendent of Sch	ools Ap	proval											
Name of Executive County Superintendent of Schools													
Signature of Executive County Superintendent of Schools	s :								Date				

Please total the number of pages being submitted (district application, school application(s), brochure(s), and other documentation). Total