

MEMO



May 2025

Dear Parent/Guardian of: _____ PowerSchool Number: _____

Your student is invited to participate in **The Fifth Quarter**, a summer program designed for students who did not pass courses during the school year. This program offers a valuable opportunity for 10th-12th grade students to recover credits and stay on track for graduation. The Fifth Quarter is a free, in-person learning experience available at most comprehensive high schools. **Due to construction, students from Eastern and Dudley High Schools will attend the program at Dudley High School.** Daily attendance is required to successfully complete the program. Students from choice high schools (such as middle and early colleges) will participate at their **zoned high school**.

What are my next steps?

- To enroll your student, please complete and return the second page of this form to your school, **OR** scan and submit the QR code below.
- The registration deadline is June 10th for the district to provide transportation.

Program Details:

- **Location:** Dudley High School (1200 Lincoln St.)
- **Dates:** Tuesday, June 24 – Thursday, July 24
(No classes from June 30 – July 4)
- **Daily Schedule:** Monday – Thursday, 9:00 a.m. – 1:30 p.m.
- **Transportation:** Provided for students who meet the registration deadline and live within the appropriate school zone
- **Meals:** Breakfast and lunch will be served daily
- **Supports:** Students with IEPs or 504 Plans will receive necessary accommodations
- **Graduating Seniors:** All coursework must be completed by the end of the program

If you have any questions, **please contact Stephanie Reid, school counselor at (336) 370-8130 or Reids3@gcsnc.com.** We look forward to seeing your students this summer. Please keep this letter for future reference and return the registration form on the next page.

Sincerely,

Dr. Marcus Gause
Principal



712 N. Eugene Street | Greensboro, NC 27401 | P 336.370.8100

MEMO



Please complete this information below to enroll your student in an academic summer program. It must be returned before by June 2, 2025 for Elementary students, June 4, 2025 for high school students.

Student ID# _____ Student Name: _____
Last, First

Student Birthday: _____
DD/MM/YYYY

Current Street Address _____

City _____

Zip code _____

Parent/Guardian(s) _____
Last, First

Parent/Guardian Phone Number(s) _____
(area code) xxx-xxxx

Parent/Guardian email address(es) _____

Emergency contact if Parent/Guardian cannot be reached: _____
Last, First

Emergency Contact Phone Number _____
(area code) xxx-xxxx

Emergency Contact email address _____

My students (does have or does not have) a plan for support. (circle only one)

IEP(Individual Education Plan) 504 Plan No special plan

Check below which applies:

_____ My student will not need transportation.

_____ My student will need transportation within the school zone. (Write the address below.)

AM: _____
Write specific address (home or childcare within the school zone), or Not in AM

PM: _____
Write Specific address (home or childcare within the school zone), or Not in PM

My student has a medical condition:(Explain, if applicable) _____