

## Summer School Signature Page

Student Name							
Last Name	First Name		Middle Name				
This Section is to be Complet  .0 total credits**)	ed by the School Coun	<mark>selor or Administrator</mark> (2 co	ourse max or tl	he numl	ber equ	uating t	
his student is enrolled in the	e	grade at					
chool. By signing, I hereby u uring regular school year or	nderstand that this st	udent will be taking the co					
Course Number	Course Title	Previous Instructor		Failed Which Grading Period (Circle all that Apply)**			
			1 <sup>st</sup>			4 <sup>th</sup>	
			1 <sup>st</sup>	2 <sup>nd</sup>	_	4 <sup>th</sup>	
			1 <sup>st</sup>	2 <sup>nd</sup>	_	4 <sup>th</sup>	
			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	
ourse/s Cost \$							
this Section is to be Complet by signing, I hereby understa	nd that my child,						
ourse(s) to credit recover or o the base school counselor,	•	_	nooi course	must	be rep	ortec	
arent Name							
Last Name		First Name		Middle Name			
tudent Contact Number:							
arent Contact Number:							
arent Email Address:							
Parent's Signature:							