



AMS STUDENT SUMMER SCHOOL 2024 APPLICATION FORM

Please complete this entire application. Deadline to apply is June 3, 2024

I request consideration for the Athens Middle School Summer School Program for the following course(s).

(1st Course) _____ **Course Average** _____
(2nd Course) _____ **Course Average** _____

Cost: \$100/course (In person, Odysseyware)

I have failed the middle school course(s) above with an average below 60. I realize that I have to repeat the entire course. I understand that I must attend in person each Monday, Tuesday, Wednesday, and Thursday from June 3 through June 27. AMS Summer Session from 9:00 AM to 12:00 PM. I will have until July 14th to virtually complete this course. Absences will void this credit recovery. Courses will be online using Odysseyware. I may only take two courses. I realize the first course must be completed before the second course is provided. My courses are listed in the order of importance. Important: I realize that no digital device will be provided for at home or school use. If I need an ACS device for summer school, I will fill out the appropriate form, ACS Device Application, due June 1. I have read the requirements for admission to the Summer School program, and I understand my responsibilities if admitted. I am aware that a maximum grade of 70 is available and should I desire a higher grade, I will be required to take the entire course through traditional methods. If I am not accepted into the AMS Summer School Program, I understand that I will take the class again in the traditional school setting.

STUDENT INFORMATION:

Student's Name: _____

Birthdate: _____/_____/_____ Last Age: _____ Gender: _____ First Race: _____ Middle Grade: _____

Address: _____
Street Address City State Zip

Telephone: _____/_____
Student's Home Phone Student's Cell Phone

Student Email Address: _____

Current School: _____ Date: _____ School Address: _____

Does the student have an IEP? Yes No

GUARDIAN INFORMATION:

Guardian's Name: _____

Address: _____

Telephone: _____ Emergency Telephone: _____

Student Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Parent Email: _____

My signature and that of my parent/guardian signifies our understanding of all requirements associated with the AMS Summer Session Program

Student Signature _____ Date _____

Parent Signature _____ Date _____

Counselor Signature _____ (Summer school administration will contact the school counselor for course approvals).