AHS STUDENT JUNE ***SUMMER SCHOOL*** APPLICATION FORM

Summer Session 2025

Grades 9th - 12th

Dates/Time: June 2 to June 26 Monday-Thursday 8:30 AM - 12:30 PM

Please complete this form and attach it to the ***2025 Athens City Schools Summer Session Application***. You are applying to retake a previously failed course***. Deadline to apply: May 29, 2025.***

Student Name_____ **School** _____

I request consideration for the **Athens High School Summer School Program** for the following course(s):

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

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

June Summer School Program for ACS students - $200 per 1 course (1 credit) $150 for the 2nd course. I have failed this high school course with an average below 40. I realize that I have to repeat the entire course. I understand that I must attend in person at AHS each Monday, Tuesday, Wednesday, and Thursday, June 2 – June 26 from 8:30 to 12:30. Absences will void this credit recovery. Courses will be online using Bright Thinker. **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 use. If I need an ACS device for summer school, I will only be able to use the device during the hours of Summer School.

I have read the requirements for admission to the Summer School/Credit Recovery program, and I understand my responsibilities ***if*** admitted. I am aware that a **maximum grad**e **of 70 (HS CR)** is available through High School Credit Recovery and that, 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 ACS High School Credit Recovery Program, I understand that I will take the class again in the traditional school setting.

My signature and that of my parent/guardian signifies our understanding of this procedure and all other requirements associated with the ACS High School Credit Recovery Program.

_____ _____

Student Signature Date

_____ _____

Parent Signature Date

Summer school administration will contact the school counselor and the Athletic Director for course approvals.

_____ _____

School Counselor Athletic Director (Required for athletes)