Lakewood City Schools
13701 Lake Avenue Lakewood, OH 44107
www.lakewoodcityschools.org

2025 LCS SUMMER LEARNING

Mail-in Registration

STUDENT INFORMATION

Student Last Name: _____ Student First Name: _____

Student Preferred name: _____ Cell phone number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: (home) _____ (cell) _____

Secondary Contact: _____ Phone Number: _____

Home Address/City/State/Zip Code: _____

Does the student have an IEP? _____ yes _____ no *If yes, a copy of the IEP must be attached to this application.*

Does the student have a 504 plan? _____ yes _____ no *If yes, a copy of the 504 plan must be attached to this application.*

Current School: _____ Grade (2024-25 school year) _____

Do you anticipate enrolling in Lakewood City Schools for the 2025-2026 school year? _____ yes _____ no

Reason for attending summer school:

_____ Credit Recovery _____ Credit Advancement

_____ Other (please explain) _____

COURSE INFORMATION- *Circle courses requested*
(Students may take ONLY one 5 week offering or one class per 2.5 week session)

HIGH SCHOOL COURSE OFFERINGS:

5 Week Offerings	Credit
World History	½ Credit or Full Credit
US History	½ Credit or Full Credit
Algebra 1	½ Credit or Full Credit
Algebra 2	½ Credit or Full Credit
Algebra 1A	Full Credit
Algebra 1B	Full Credit
Geometry	½ Credit or Full Credit
English 1, 2, or 3	½ Credit or Full Credit
Biology	½ Credit or Full Credit
Introduction to Life Science	½ Credit or Full Credit
Physical Science	½ Credit or Full Credit

2.5 Week Offerings	Credit	Session
Physical Education	.25 Credit	1___ 2____
Health	.50 Credit	1___ 2____
Government	.50 Credit	1___ 2____
Financial Literacy	.50 Credit	1___ 2____

PARENT/STUDENT ACKNOWLEDGEMENT
The student and parent must ***initial*** each item below as an indication of having read and accepted the following:

Parent	Student	
_____	_____	The student holds primary responsibility for the overall success or failure of any course work.
_____	_____	The student is expected to actively engage with the teacher and course activities or the student may be removed from the course with a failing grade.
_____	_____	The student must complete all classroom work AS WELL AS online assignments, homework and/or other assignments given by the teacher. Internet access outside of the school will be necessary.
_____	_____	I have read and understand the attendance policy for the Lakewood City Schools Summer School Program.
_____	_____	I understand that the Instructor reserves the right to remove any student from the course with a failing grade for issues involving plagiarism and copyright violation.
_____	_____	I understand that there are NO weighted grades for credits earned through summer school courses.
_____	_____	I have read the Lakewood City Schools General Information sheet and agree to follow all behavioral expectations and the Student Code of Conduct as outlined by the Lakewood City Schools Board of Education, their policies, regulations and guidelines.

PAYMENT METHOD
CASH: _____

CHECK: (Name on check) _____ (Check Number) _____

CREDIT: Scan the QR Code to pay by credit card

SIGNATURES

Student _____ Date _____

Parent _____ Date _____

DISTRIBUTION:
_____ ORIGINAL—LHS Bookroom
_____ Summer School Administrator
_____ Summer School Teacher

NOTES:

Rev. 5/2025