



JUNIPERO SERRA HIGH SCHOOL

Summer School Agreement 2026

Please print

Student's Name: _____

2026-27 Grade Level: _____

Summer School Course: ☐ ***Honors Algebra I for Advancement*** (2 semesters; 10 units)
 ☐ ***Geometry for Advancement*** (2 semesters; 10 units)
 ☐ ***Honors Geometry for Advancement*** (2 semesters; 10 units)

Current School: _____

Current School Address: _____

**School Name and Address
to Receive Transcript:** _____
(if different from current school)

The above-named student has requested permission to advance his/her mathematics program by attending Junipero Serra High School's academic summer school. Serra will provide an official transcript to the student's high school upon completion of the course. The student must complete a Request for Transcript form, available from their teacher or the main office.

The student's current math teacher, math department chairperson, and counselor must approve the student's readiness for the requested summer school course. Their approval is indicated below:

Current Math Teacher's Signature: _____ Date: _____

Math Department Chair's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

Please direct any questions about Serra Summer School to Mrs. Meave Ward at mward@serrahs.com or 650.345.8207 ext. 6156.