

SUMMER SCHOOL RECOMMENDATION 2015

For Students Enrolling in 9-12th grades ___ Not Enrolled in SLUSD ___

Current Grade: _____ Perm ID#: _____ Date of Birth: ____/____/____

STUDENT NAME: _____
Last First M.I.

PLEASE LIST YOUR CHOICES AND TWO (2) ALTERNATIVE CHOICES.

COURSE TITLE	COURSE NUMBER	COUNSELOR'S APPROVAL
1. _____ SEM A OR B	_____	_____
2. _____ SEM A OR B	_____	_____
ALTERNATIVE COURSE TITLE		
1. _____	_____	_____
2. _____	_____	_____

CIRCLE THE ANSWERS THAT APPLY

NOTES:

PASSED CAHSEE? ELA MATH NEITHER

ELD 1 OR 2? YES NO

SPECIAL ED? YES NO

Credit Recovery __ Grade Recovery__ Elective ____ SUMMER SCHOOL REGISTRATION CARD 2015

STUDENT NAME: _____
Last First M.I.

ADDRESS: _____

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Home Phone: _____ Home Phone: _____

Cell/Work Phone: _____ Cell/Work Phone: _____

EMAIL _____

If the above parent/guardian cannot be reached, list persons to be notified in an emergency:

Name: _____ Relationship _____ Phone _____

Doctor: _____ Phone: _____

I understand that in order to remain in summer school or to receive credit and a grade, I must attend class, be on time, behave appropriately and complete the required work. There are no excused absences during summer school. I must stay on pacing guide in order to finish summer school. I understand that I cannot miss more than 3 days of summer school in Grade Recovery School. Three tardies equal one absence.

Student Signature _____ Date _____ Parent Signature _____ Date _____