

5th Grade 8th Grade

Student Support Initiative (SSI) Student Summer School Application

Student Information

Last Name _____ First Name _____ ID# _____

Home Campus _____ Summer School Campus _____

Summer Address _____ Phone # _____

Parent/Guardian Name _____ Relationship _____

(Check all that apply) General Education Special Education Dyslexia Bilingual 504

	STAAR Scale Score Summary	Standard
Reading <input type="checkbox"/> STAAR <input type="checkbox"/> STAAR Spanish <input type="checkbox"/> STAAR Online	1 st Administration _____ 2 nd Administration _____	<input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met Standard
Mathematics <input type="checkbox"/> STAAR <input type="checkbox"/> STAAR Spanish <input type="checkbox"/> STAAR Online	1 st Administration _____ 2 nd Administration _____	<input type="checkbox"/> Did Not Meet <input type="checkbox"/> Met Standard

Parent Permission

I hereby give my child permission to attend the SSI Summer School Program from June 6, 2017 – June 21, 2017. I am aware that my child is **required to attend** the SSI Summer School Program **and** must **pass the 3rd STAAR** test to meet the state-identified assessment criterion for promotion to the next grade level.

(Parent/Guardian Signature)

(Please check all that apply)

My child will use the district provided transportation for: Morning pick up Afternoon drop off Both

My child **will not** use the district provided transportation. A parent/guardian will provide transportation. The following individuals are permitted to drop off and/or pick up my child :

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Emergency Contact Information

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

