

EOC Remediation 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

	2017 Scale Score	Met Standard	Course Final Grade	Passed Course
Algebra I		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
English I		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
English II		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Biology		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. History		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Permission

I hereby give my child permission to attend the EOC Remediation Summer School Program from June 6, 2017 – June 23, 2017 (part 1) and/or June 26, 2017 – July 7, 2017 (part 2). I am aware that my child is **required to attend** and will receive an opportunity to recover credit in the above mentioned content courses, if s/he attends the Part 2 session.

(Parent/Guardian Signature)

Emergency Contact Information

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____