

Summer School Information for High School Students

Regular ES Instructions: For summer 9th - 12th grade students, submit this form, along with the "Summer School Application" by mail or fax to:
Summer School Enrollment, 1166 Broadway, Suite Q, Placerville, CA 95667
Fax: (530)295-3583

Submission of this form does not constitute enrollment.

School Name _____ School Year _____ 2009 _____ Summer school dates 5/28/09-6/30/09 _____

Student: _____ Student # _____ Current Grade: _____ Summer Grade: _____

Parent Name: _____ Parent code: P _____ Parent phone: _____ Parent email: _____

Proposed Summer Courses (EXACTLY 10 credits must be attempted):

1) Course Title: _____ Number of Credits Attempting: _____

2) Course Title: _____ Number of Credits Attempting: _____

Required Highly Qualified Teacher (HQT) Options:

Describe how the student's HQT needs will be met:

Parent agrees to one of the following (place an X):

_____ I will be assigning, supervising (or providing a supervisor), and grading all summer work

_____ I would like the summer ES to assign and grade all summer work, but I will be supervising (or providing a supervisor for) my student during the five (5) hours of daily work

_____ Although I will be supervising (or providing a supervisor for) my student, I would like a combination of the above options.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Specialist Signature: _____ Date: _____