

2019 SUMMER SCHOOL APPLICATION/REGISTRATION

Credit Recovery and STAAR Tutorial

Student: _____ Date of Birth: _____
(Last Name) (First Name)

ID: _____ 2018-2019 Grade Level: _____

Parent/Guardian: _____ Telephone #: _____

Address: _____ Cell #: _____

Parent Signature: _____ Date: _____

Administrator's Signature _____ Date: _____

TRANSPORTATION PLAN AND AUTHORIZATION

Will your student need transportation: _____ YES _____ NO

TO school? _____ FROM school? _____ Bus # _____

Students may only ride the bus from/to their address listed on the registration form.

Parent/Guardian Signature Date

Address: _____

Emergency Contact # _____ Name: _____

FOR COUNSELOR USE ONLY

CREDIT RECOVERY COURES:

Course Name	Semester (s)		Enrollment Approval	Completed Grade

End of Summer Verification: _____

Recorded in TxEIS: _____