

Vail School District

2017 Summer School Credit Recovery Enrollment Form

Student's Name: _____ Parent Email: _____

Student's Email: _____

High School that you attend and receives transcripts: _____

Please indicate which class (or classes) you would like to register for:

Class 1: _____

Class 2: _____

Mandatory Attendance Dates

Last Name, A-L

Last Name M-Z

Wed, May 31st, 8:40 am- 1pm

Thurs, June 1st, 8:40 am – 1 pm

Students who are completing a core credit during summer school must take the corresponding AzMerit exam for their course in order to receive credit.

-AzMerit ELA testing dates: June 14th and June 15th or June 29th and June 30th

-AzMerit Math testing dates: June 15th or June 30th

Does the student have an IEP? Yes _____ No _____

PARENT/GUARDIAN INFORMATION: (Please circle the preferred contact number.)

Legal Guardian/ Parent

Work#

Cell#

Legal Guardian/ Parent

Work#

Cell#

I have read the Online Summer School Information Sheet and I agree to the terms and conditions.

Parent Signature

Date

*****This form must be delivered to your high school counselor or the Vail School District central office at 520-879-1863 by May 18th in order to avoid late fees and to ensure that your student can check out their laptop for the summer. All classes are filled on a first come-first served basis, so please turn in this form as soon as possible.*****

****FOR OFFICE USE ONLY****

Semester 1 Semester 2 Both

Fee Paid: \$ _____ Date Received: _____ Scholarship Approved By: _____