## Vail School District 2017 Summer School Credit Recovery Enrollment Form

Student's Name:	Par	ent Email:
Student's Email:		
High School that you attend and receives tra	nnscripts:	
Please indicate which	ch class (or classes) yo	u would like to register for:
Class 1:	Class 2:	
	Mandatory Attendand	ce Dates
Last Name, A-L	Last Name M-Z	
Wed, May 31st, 8:40 am- 1pm	<u>Thurs, June 1<sup>st</sup>, 8:40 am – 1 pm</u>	
exam for their course in order to receive	credit.	hool must take the corresponding AzMerit
-AzMerit ELA testing dates: June 14 <sup>th</sup>		e 29 <sup>th</sup> and June 30 <sup>th</sup>
-AzMerit Math testing dates: June 15 <sup>t</sup>	or June 30 <sup>th</sup>	
Does the student have an IEP? Yes _	No	
PARENT/GUARDIAN INFORMATION: (	Please circle the prefe	erred contact number.)
Legal Guardian/ Parent	Work#	Cell#
Legal Guardian/ Parent	Work#	Cell#
I have read the Online Summer School Info	rmation Sheet and I agr	ree to the terms and conditions.
Parent Signature	Date	
***This form must be delivered to your h 879-1863 by May 18 <sup>th</sup> in order to avoid la the summer. All classes are filled on a firs possible. ***	te fees and to ensure t	or the Vail School District central office at 520 hat your student can check out their laptop for sis, so please turn in this form as soon as
**	FOR OFFICE USE O	ONLY**
Semester 1 Semester 2 Both		

Fee Paid: \$\_\_\_\_\_ Date Received:\_\_\_\_\_Scholarship Approved By:\_\_\_\_\_