DATE RECEIVED:

_____

TRACY UNIFIED SCHOOL DISTRICT 9-12 CREDIT RECOVERY APPLICATION

8:00 a.m. to 1:00 p.m. June 1 through July 2, 2020 Location: West High School

STUDENT INFORMATION *(please print clearly)*:

Name: _____ _____
(Last) (First)

Student Birthdate: _____/_____/_____ Student ID # (REQUIRED): _____
Month/Day/Year

Address: _____
Street City Zip Code

EMERGENCY INFORMATION *(please print clearly)*:

Parent/Guardian: _____

Parent e-mail address for notifications: _____

Telephone: (Home)_____ (Cell)_____ (Work)_____

Emergency Contact: _____ _____
Name Telephone

I understand that the Tracy Unified School District's discipline policies, as described in the high school handbook, will be in effect for Summer School. Copies of the District's discipline policy, internet agreement will be available at the Summer School Office. I have also reviewed and understand the Summer School Attendance Policy.

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date

Transportation with limited stops MAY be provided, if space and funding allow.
Do you anticipate needing transportation (bussing) for your student to and from the Summer Program?
_____Yes* _____No *If YES, at which bus stop? (Please mark the bus stop below)

❒ Williams Middle School ❒ North School ❒ Freiler School
❒ Holt Post Office (Islands) ❒ 6500 Clifton Court Rd (Sarale Farms-Islands)

All completed applications are to be dropped off at your high school on April 9th or 24th or emailed to your counselor by April 24th.

NOTE: A Counselor's Signature is required before this application will be accepted by the Summer School Office.

FOR SCHOOL USE ONLY:

_____ _____ _____
Counselor's Name Counselor's Signature Date

❒ CYBER HIGH/EDGENUITY ❒ ADULT SCHOOL ❒ ADULT SCHOOL NON-GRAD ❒ IEP ❒ 504

COURSE 1: COURSE 2: COURSE 3:

ANY ADDITIONAL COURSE:

2.27.20