

# 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: \_\_\_\_\_

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**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 31<sup>st</sup>, 8:40 am- 1pm

\_\_\_\_\_  
Thurs, June 1<sup>st</sup>, 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 14<sup>th</sup> and June 15<sup>th</sup> or June 29<sup>th</sup> and June 30<sup>th</sup>

**-AzMerit Math testing dates:** June 15<sup>th</sup> or June 30<sup>th</sup>

Does the student have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
Legal Guardian/ Parent

\_\_\_\_\_  
Work#

\_\_\_\_\_  
Cell#

\_\_\_\_\_  
Legal Guardian/ Parent

\_\_\_\_\_  
Work#

\_\_\_\_\_  
Cell#

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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**\*\*\*This form must be delivered to your high school counselor or the Vail School District central office at 520-879-1863 by May 18<sup>th</sup> 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. \*\*\***

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### \*\*FOR OFFICE USE ONLY\*\*

Semester 1      Semester 2      Both

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