



SAM BARLOW SUMMER SCHOOL CREDIT RECOVERY

STUDENT INFORMATION:

Counselor: _____

Student Name: _____ ID#: _____ Grade: _____
(print)Parent Name: _____ Ph#: _____ Wk #: _____
(print)

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

EMERGENCY INFORMATION:

Name: _____ Relationship: _____ Ph: _____

List all classes failed that are offered in Summer School

Course name: _____

Course name: _____

Course name: _____

Course name: _____

Office use only:Free Lunch: Reduced Lunch: _____
Amount paid_____
Date_____
initials_____
Amount paid_____
Date_____
initials