

**Los Angeles Unified School District
Summer Program Student Application**

Student Name: _____

Student ID: _____ **DOB:** _____

Address: _____

Home Phone: _____ **Grade Level:** _____ **Class Of:** _____

Parent Guardian: _____ **Work Phone:** _____

Cell Phone: _____ **Counselor:** _____

School Phone: (323) 290-7800 **Summer School Administrator:** Mr. L.R. Corley

Summer Program: CORE Waiver & Credit Recovery

Summer School: CRENSHAW SCIENCE TECH ENGINEER MATH & MEDICINE
MAGNET

Students are allowed to take two (2) courses for the Summer Session.
Below are the courses the student has requested for the summer program.

1. _____ 2. _____
3. _____ 4. _____

Parent: For all classes:
I understand that my son/daughter must be in attendance the first day of class and be in attendance the entire summer session. If not in attendance on the first day, his/her seat will be forfeited. I also understand that each day of instruction is equivalent to a weeks worth of semester instruction and that a significant amount of time **outside of class meeting time** must be dedicated by the student to this course in order to pass.

Student Signature _____ **Date:** _____

Parent Signature _____ **Date:** _____

Counselor Signature _____ **Date:** _____

PLEASE RETURN APPLICATION TO YOUR COUNSELOR BY MAY 1, 2015

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