LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

Summer School/Intersession 2008
Student Application

Name: _____ District ID: _____

Address: _____ Phone: (___) _____
_____ Emg. Phone: (___) _____
Birth Date: _____ Grade Level: _____
Grade as of July 1, _____

Parent/Guardian: _____ Date: _____

School of Attendance: _____

School Requested: _____

(You may request to attend any school where the
District offers a summer session program.)

Are you currently participating in a program
in which transportation is provided? Yes ☐ No ☐

Courses Requested in Order of Preference	Program Code(*)	Counselor Approval

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 further understand that if the SB-813 program is oversubscribed, participants will be identified by a random selection process.

_____ _____
Signature of Student Signature of Parent/Guardian

* Program Codes: R = Remedial S = Enrichment (SB-813)
G = Graduation Requirement D = SDP
P = Proficiency
W = DRWC