



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

(LETTERHEAD)
PARENT NOTIFICATION - HIGH SCHOOL
Summer School Transition Program

To the Parent/Guardian of _____
(Student's Name)

(Date of Birth) (Grade) (Middle School)

Your son/daughter has been selected to participate in a special six-week Summer School Transition Program. This program is designed to help students make a successful transition from middle school to high school and is offered at the high school. The program is offered during Summer School, July 7 – August 15, 2008, 8:00 a.m.-12:20p.m. Enrollment is limited and offered on a first-come basis.

The Summer School Transition Program provides a mathematics course and a study/literacy skills course. These courses will focus on academic learning and also include activities on team building, personal development and group projects that will help students develop friends among the incoming 9th grade students. Attendance is critical. It is important to make a commitment that students attend each day of the program. By attending this program, students will have the unique opportunity to know their high school, teachers and classmates.

A Summer School Transition Parent Orientation Meeting is scheduled to explain the program. The meeting information is as follows:

Parent Meeting Date: _____ Time: _____

High School: _____

It is important that you and your son/daughter attend this meeting. We look forward to welcoming you and your student to our school and preparing him/her for a successful high school experience.

Please complete the information below and return this form to the homeroom teacher. We look forward to your student participating in this program. If you have any questions, please call, _____ at _____.

Sincerely,

Principal's Signature

Date

Parent/Guardian Statement:

I have received and understand the above information regarding the Summer School Transition Program and am committed to have my son/daughter attend every day. I understand that my son/daughter is being provided this opportunity on a first-come basis.

Yes, I give permission for my son/daughter to attend.

No, I do not give permission for my son/daughter to attend.

Student's Name

Parent's Signature

Date

Home Address

Telephone #