

2017 Summer School Pre-Qualification Form (9-12)

Student Name - _____ Phone # - _____

Current School Attending - _____ Current Grade Level _____

Summer Location (select ONLY 1) Central HS Craigmont HS Ridgeway HS Southwind HS Whitehaven HS

<i>Courses</i>	<i>Select the Semester 1, 2, or both</i>	<i>Failed</i>	<i>New</i>	<i>Virtual</i>
<input type="checkbox"/> Algebra I - (EOC Course)	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> Algebra II - (EOC Course)	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> Geometry - (EOC Course)	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> Algebra IA	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Yes	N/A	N/A
<input type="checkbox"/> Algebra IB	<input type="checkbox"/> Semester 2	<input type="checkbox"/> Yes	N/A	N/A
<input type="checkbox"/> Biology IA	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Yes	N/A	N/A
<input type="checkbox"/> Biology IB	<input type="checkbox"/> Semester 2	<input type="checkbox"/> Yes	N/A	N/A
<input type="checkbox"/> Geometry A	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Yes	N/A	N/A
<input type="checkbox"/> Geometry B	<input type="checkbox"/> Semester 2	<input type="checkbox"/> Yes	N/A	N/A
<input type="checkbox"/> Advanced Algebra/Trigonometry	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> Bridge Math	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> Biology I - (EOC Course)	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> Chemistry - (EOC Course)	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> English 9 - (EOC Course)	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> English 10 - (EOC Course)	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> English 11 - (EOC Course)	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> English 12	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> U.S. History - (EOC Course)	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> World History	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> Spanish I	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> Spanish II	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A
<input type="checkbox"/> Physical Science	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	N/A	N/A	<input type="checkbox"/> Yes
<input type="checkbox"/> Economics 1/2 credit ONLY	<input type="checkbox"/> 1/2 credit	N/A	N/A	<input type="checkbox"/> Yes
<input type="checkbox"/> U.S. Government 1/2 credit ONLY	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2	N/A	N/A	<input type="checkbox"/> Yes
<input type="checkbox"/> French I	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	N/A	N/A	<input type="checkbox"/> Yes
<input type="checkbox"/> French II	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	N/A	N/A	<input type="checkbox"/> Yes
<input type="checkbox"/> Art History	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	N/A	N/A	<input type="checkbox"/> Yes
<input type="checkbox"/> Spanish III	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	N/A	N/A	<input type="checkbox"/> Yes
<input type="checkbox"/> Wellness	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Both 1 & 2	N/A	N/A	<input type="checkbox"/> Yes
<input type="checkbox"/> Personal Finance 1/2 credit ONLY	<input type="checkbox"/> 1/2 credit	N/A	N/A	<input type="checkbox"/> Yes
<input type="checkbox"/> P.E. 1/2 credit ONLY	<input type="checkbox"/> 1/2 credit	N/A	N/A	<input type="checkbox"/> Yes

School Counselor's Signature - _____ Date - _____