



2019 Summer School Request Form

Students will complete courses virtually. Student support is available via email, "Zoom" and phone.

Please note: A \$25 refundable fee is due upon registration (refunded at the end of the session if course is completed with a passing grade).

Student Name: _____ Grade: _____ Birthdate: _____ M/F: _____

Student Cell: _____ Student Email: _____

Parent/Guardian Name(s): _____

Mailing Address: _____ City: _____ Zip: _____

Parent/Guardian Primary Phone: _____ Email: _____

Other Emergency Contact: _____ Phone: _____

Please check if student has an: Individualized Education Plan (IEP) or 504

(A copy of the IEP or 504 accommodations must be provided to LEAO)

Current Leading Edge Academy Student:

Yes No

Attended LEAO in the past? (full-time or summer school)

Yes No

Student's Home Campus of Enrollment*: _____

*Non Leading Edge Academy students must complete full enrollment package prior to the start of the session. Go to www.leadingedgeacademy.com/online-enrollment/ and choose "Online Academy" for campus. Select Start Date of August in the current year, and check the box for "Immediate Enrollment".

School Administrator Signature: _____ Date: _____

Session(s) Attending:

Credit Recovery?

Session I (June 3-20, 2019)

Yes No

Session II (July 8-25, 2019)

Yes No

Course Requested: _____

(NOTE: Students must have access to a computer to complete work.)

Student signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Submit this form along with an unofficial transcript to the LEAO office. All information must be complete.

For LEAO Office Use Only

Date: _____ By: _____ Entered in SM Fee Course Added Final Grade: _____ Refund