



## THE ACADEMY SUMMER SCHOOL REFERRAL FORM

JID #:

DOCKET#:

DISTRICT:

NAME:

START DATE:

ADDRESS:

DOB:

PARENT/  
GUARDIAN:

PHONE:

JUDGE:

PROBATION OFFICER

PHONE

EMAIL ADDRESS

CYF CASEWORKER

PHONE

EMAIL ADDRESS

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

LAST GRADE COMPLETED: Is the Student only a Summer School student ?  
Yes  No

Gender: Male  Female

Is the student in need of Learning Support Classes? Yes  No

STUDENT RACE: HISPANIC/NON-HISPANIC:

DEPENDENT OR DELINQUENT:

PLEASE ENROLL THE ABOVE NAMED STUDENT IN THE FOLLOWING CLASS OR CLASSES  
BEGINNING JUNE 14, 2021. **(PLEASE ONLY SELECT TWO CLASSES):**

ENGLISH 7 & 8 <input type="checkbox"/>	PRE ALGEBRA <input type="checkbox"/>	GENERAL SCIENCE (7&8) <input type="checkbox"/>
ENGLISH 1 <input type="checkbox"/>	ALGEBRA 1 <input type="checkbox"/>	CIVICS <input type="checkbox"/>
ENGLISH 2 <input type="checkbox"/>	CHEMISTRY <input type="checkbox"/>	US HISTORY <input type="checkbox"/>
ENGLISH 3 <input type="checkbox"/>	ALGEBRA 2 <input type="checkbox"/>	
ENGLISH 4 <input type="checkbox"/>	GEOMETRY <input type="checkbox"/>	
BIOLOGY <input type="checkbox"/>	HEALTH/PE <input type="checkbox"/>	

Comments:

PLEASE E-MAIL FORM TO [lloyd@theacademyschools.com](mailto:lloyd@theacademyschools.com) PRIOR TO JUNE 14, 2021