

Acalanes Union High School District

Geometry for Original Credit Summer School Application Form

Revised: Feb 1, 2024

Student Name:	Student ID Number:	Current School of Attendance: <input type="checkbox"/> AHS <input type="checkbox"/> CHS <input type="checkbox"/> LLHS <input type="checkbox"/> MHS <input type="checkbox"/> ACIS
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This application is for enrollment into Geometry for original credit during the summer session.

- Student must be a current AUHSD student.
- Student must be in attendance during the following required dates:
 - June 11 - July 12, 2024 (Tuesday - Friday, unless noted below)
 - June 17th week, school is in session M, T, Th, F (June 19th is a holiday, no school)
 - July 1st week, school is in session, M, T, W (July 4th & 5th are holidays, no school)
 - 8:30 a.m. - 12:00 p.m.
 - Location: Acalanes High School
- Daily attendance required. Students will be dropped if absent **more than two days**.
- Students must be in attendance on the first day to establish accurate rosters, students will be dropped if not in attendance on the first day.

Agreement: By signing below, we have read the above and agree to the stated conditions.

Student's Signature:	Date:
Parent/Guardian Signature:	Date:
School Counselor's Signature:	Date:

Please note that this course is facilitated through an online platform, and students are expected to work on their lessons outside of the school day.

This Geometry course is a year- long course condensed into a very short timeframe: 19 total in-person days. Students should expect a high level of rigor and a fast pace.

Preferred Previous Course of Study: Algebra 1 with A-level work.

Office Use Only:

COUNSELORS -- Please complete the following verification information:

- Complete Algebra 1 Verification, verifying course grades earned for Semesters 1 and 2.

Algebra 1 Verification	Course Grade	Algebra 1 Verification	Current Course Grade
Algebra 1, Semester 1		Algebra 1, Semester 2	

- Gather the following signatures.

Application reviewed by Algebra 1 teacher: _____ Date: _____

Application reviewed by counselor: _____ Date: _____