

Northside Middle School
MIDDLE SCHOOL VIRTUAL SUMMER BASIC SKILLS PROGRAM
APPLICATION FORM
SUMMER 2020

Student's Name: _____
(Last) (First) (M. I.)

Student Number: _____ Current Grade Level: _____

Home School: _____ Age: _____

YOUR SON/DAUGHTER IS ELIGIBLE FOR A FREE FIVE-WEEK SUMMER PROGRAM

TO BE COMPLETED BY PARENT OR GUARDIAN

_____ I want my son/daughter to participate virtually in the Middle School Summer Basic Skills Program.

_____ I do not want my son/daughter to participate virtually in the Middle School Summer Basic Skills Program.

_____ I want my son/daughter to participate virtually in the Middle School Summer Physical Education Program. (\$200 Fee)

Street: _____ City: _____ Zip: _____

Telephone Numbers: 1. _____ (home) 2. _____ (work) 3. _____ (emergency)

EMAIL: _____

My son/daughter has an **IEP** on file ___ yes ___ no

My son/daughter has a **504** on file ___ yes ___ no

Your child will need a device and Internet service to participate in the Virtual Summer School Program. Please answer each of the following questions.

My child needs a computer: _____ Yes _____ No

My child needs access to the Internet: _____ Yes _____ No

Parent/Guardian Signature: _____

**IMPORTANT: PLEASE RETURN THIS FORM TO THE SCHOOL AS SOON AS POSSIBLE
BUT NO LATER THAN JUNE 9, 2020.**

(For School Use Only)

Date Received by School:

Course(s) Failed	