



Opportunities For Learning
Public Charter Schools

EMS

Summer School Referral

STUDENT NAME: _____ D.O.B: _____

PARENT NAME(s): _____

ADDRESS: _____

TELEPHONE: _____ GRADE: _____

SCHOOL MAKING REFERRAL: _____

READING LEVEL (STAR or Other Placement Test): _____

SPECIFIC COURSES(S) TO BE TAKEN:

Course Title	Credits	Admin. Signature

**MAXIMUM UNITS ALLOWED FOR SUMMER ARE 2.5 CREDITS PER WEEK
ENROLLED (20 UNITS IF STUDENT ENROLLS ON OR BEFORE JULY 1, 2009)**

Admin. Signature: _____ Date: _____

- *Only classes listed above will be assigned.*
- *Current transcripts must be provided.*
- *Only classes that have been failed or never taken can be assigned.*
- *All information above must be complete in order to enroll student.*
- *Reading Level, Course List, and Signature must be filled out.*