



**TAKOMA
ACADEMY**

Summer Course Options Request Form

Part 1 – To be completed by Parent/Guardian. Please print all information

Student's Last Name _____ First Name _____ MI. _____

Grade (In August) _____

Email: _____

Part 2 - Registration Courses Requested

Reason for taking this course: original credit failure repeating for higher grade

Brief explanation for original credit:

School Attending: _____ Educere _____ Public School/County
_____ Takoma Academy

Signature of School Official Required:

Signature, Principal or Designee

Date

Print Name

Part III: Parent's/ Guardian's Signature:

Signature, Parent/ Guardian

Date