## 2016-2017 SECOND CHANCE SCHOOL EXTENDED SCHOOL YEAR PROGRAM APPLICATION

860 Blountstown Highway · Tallahassee, FL 32304 · 850-488-2087 · 850-410-1531 Fax

<u>Part 1:</u>				
Student Name:				Date:
Student #:		Grade	··	DOB:
School Currently		Grade	/•	DOD.
Attending:				
Parent/Guardian Name:				
	Home #:	Work :	#:	Cell #:
Street Address:				
	City:		State:	ZIP Code:
Parent/Guardian Signature:				
I will be attending summer school for one of the following. Please check one.  ☐ Credit Recovery for:  (Please have teacher fill in what class or classes you will need and then sign off)				
Both Sign	natures Required	Guidance (	Counselor	Teacher
☐ PERT Testi	ng for Algebra			
☐ GED preperation				
☐ Extra Elect	ive :			
*Applicable only to DJJ Clients				
DJJ Status (check one)				
□ Inta	ke	□ Cor	nmitment	□ Conditional Release
JPO Name:			Email Address:	
Work #:			Cell #:	