

# 2019 GHAZVINI LEARNING CENTER EXTENDED SCHOOL YEAR PROGRAM APPLICATION

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

## **Part 1:**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student #: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_

## **Part 2:**

**I will be attending summer school for one of the following. Please check one.**

**Credit Recovery for:** (Please fill in recovery class(s) Quarters 1-4 grades and sign)

Course Number	Course Name	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>

**Both Signatures Required** \_\_\_\_\_

Guidance Counselor

Administrator

**PERT Testing for Algebra**

**\*application will not be processed without grades**

## **Exceptional Student Education**

(check one if applicable)

IEP

504

*\*Applicable only to DJJ Clients*

### **DJJ Status**

(check one)

Intake

Probation

Commitment

Conditional Release

JPO  
Name: \_\_\_\_\_

Email  
Address: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_