



Summer School Health Original Credit Application

PART I Student Information

Name: _____ ID: _____ Date: _____

Email Address: _____ Phone Number: _____

Name of Course: Health (.5 credit)

Is the student an athlete? YES/NO (circle one)

IMPORTANT NOTE: While it is *unlikely* that a student athlete will need the local elective Health credit for NCAA eligibility purposes, please be advised that Edgenuity coursework in FBISD does not meet approval criteria for the NCAA at this time. Please see your counselor if you have questions or concerns regarding this information.

PART II Guidelines

1. This opportunity is for ALL grade levels including students that will be in 9th grade 2016-2017 school year.
2. Student must have transportation to and from both the Start-Up Session and Final Exam.
3. Students will need to attend a Start-Up session to obtain instructions and login information.
4. Students must have an active email account to communicate with Campus Staff.
5. Final exams must be taken at the home campus and may be taken only **ONCE**. Students must have a photo ID to verify identity. **All coursework must be completed before taking the final exam.**
6. To earn credit, students must have an overall average of at least 70 **AND** achieve a minimum score of 65 on the final exam.
7. **Space is limited. Registration will close when classes are full.**

PART III Registration

Parents must bring Registration Form completed and signed. Registration will be held at Kempner HS April 4th through June 7th. Summer hours (June 6th – June 7th): 8:00am – 5:00pm.

(Check one session)

- Session I June 13 – June 30, 2016 Final Exam June 30, 2016
- Session II July 11 – July 28, 2016 Final Exam July 28, 2016

*Start up Session will be at 7:30am – 8:30am the first day of each session in Room 218

Summer O-Lab: A computer lab will be available on campus for students to work on coursework and complete testing Monday – Thursday from 8:00am to 12:00pm in Room 218.

PART IV Cost:

\$50.00 (cash only)

\$25.00 for students on free/reduced lunch (cash only)

Please have exact amount. Cost is non-refundable after June 15, 2016. If you have questions, please contact the counseling office at 281.634.2316

Parent/Guardian Signature for Approval of Original Credit: _____

Signature of Student Applicant: _____

Counselor Signature for Participation: _____

Administrator Signature: _____ Date: _____

For Office Use Only: Date Paid _____ Bookkeeper signature _____ Paid (circle one) \$50 \$25