

2019 SUMMER O-LAB Health/Personal Financial Literacy/Government/Economics Course Application

PART I: Student Inform				
Name: Email Address:				
Email Address:			Phone Number	r:
Middle School Campus	:	High Scho	ol Campus:	
Does the student have Include the following with t List of accommoda IEP and ARD paper	his application tions/modifica	ations	ough 504/Special Educa	ation? <u>YES/NO</u> (circle one)
	is <u>unlikely</u> tha sework in FBIS	t a student athlete will need th D does not meet approval crit		dit for NCAA eligibility purposes, please be ime. Please see your counselor if you have
 Student must have trar <u>Students</u> (parent cannolinformation. Students must have an Final exams must be ta All coursework must be To earn credit, student PART III: REGISTRATIO Summer FBISD wi	active email ac ken at the hom completed be s must have an N, ORIENTA hours: 8:00a ll be closed c egistration:	ccount to communicate with Car le campus and may be taken on efore taking the final exam. overall average of at least 70 <u>A</u> TION/START-UP, SUMM m – 5:00pm on Fridays <u>and</u> during the w Dates: April 22 – June 4th	Start-Up Session and Final E: I an Orientation/Start-Up se mpus Staff. Iy ONCE . Students must hav <u>ND</u> achieve a minimum scor ER O-LAB /eek of July 1-5. Fimes: 8:00 am – 2:00pm	xam. ession to obtain instructions and login ve a photo ID to verifyidentity. re of 65 on the final exam. Location: Kempner HS Counselors Office
C	Drientation: Drientation: Dummer O-lab	Dates: June 10 th (Session I) Dates: July 8 th (Session II) Room 926		Location: Kempner HS Location: Kempner HS
<u>PART IV</u> : Cost:	Cost: \$100.00 for students not on free/reduced lunch (cash or RevTrak) \$50.00 for students on free/reduced lunch (cash or RevTrak) Cost is non-refundable after June 17, 2019. Accessing RevTrak: Option 1: http://fortbendisd.revtrak.net (Click "School Stores" & select your campus) Option 2: Skyward Family Access (look for the FBISD RevTrak Web Store in the District Links & select your campus)			
		the counseling office at Ken		our campus)
Parent/Guardian S	ignature for Ap hone: nt Applicant:	oproval of Original Credit: Email:		
Administrator Signature:			Date	:
For Office Use Only: Date	e Paid	Bookkeeper signature	rePaid (circle one) \$100 \$50 RevTrak Order # (if applicable):	
Course Completion:	(25	(50%)	(75%)	(Complete)