

**Catoosa Online Academy
SUMMER SCHOOL APPLICATION 2018**

Applicant Information

Student's Home High or Middle School:_____ Grade:_____ DOB:_____

Student Name:_____

Student Cell Phone:_____

Student Email:_____

Parent/Guardian Name:_____

Parent/Guardian Phone:_____

Parent Email:_____

Address:_____

Student requires services: 504__ IEP__ Gifted__ Remedial__ ELL__ Other:_____

Courses for Summer School with COA (may choose up to 2.0 credits):

_____ Credit: _____

_____ Credit: _____

_____ Credit: _____

_____ Credit: _____

SIGNATURES:

Parent:_____ Date:_____

Student:_____ Date:_____

Counselor:_____ Date: _____

Administrator:_____ Date: _____

Office Use Only: Date application submitted to COA:_____

ICFlag__ ICSched__ ICChrbk__ SpSht__ SchCast__ CntLog__ APXSched__ ChrbkLog__

APXCoach__ FLVS__