



APPROVAL FORM: SUMMER SCHOOL 2010

Parents: Please complete the top portion of this form and give it to your child's counselor/principal to ensure that your child is enrolled in the course or courses required and that credit is reciprocal. This form must be returned to Atlanta Country Day School.

TO BE COMPLETED BY PARENT

Student's Legal Name (Please Print)

Last Name	First	Middle	Called
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I hereby authorize the written and verbal exchange of information between my child's counselor and officials at Atlanta Country Day School regarding my child's summer school needs. I also hereby authorize officials at Atlanta Country Day School to send a transcript upon course completion to my child's school.

Parent's Signature	Date
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TO BE COMPLETED BY COUNSELOR/PRINCIPAL OF CHILD'S SCHOOL

Our goal is to help students complete the course work desired by your school and to have a transcript sent to your attention upon course completion. We are accredited by the Southern Association of Colleges and Schools and the Georgia Accrediting Commission. Courses meet both GAC and SACS curriculum and seat time requirements. Please complete the approval form as requested. If you have questions or need assistance, please contact the school at 770-998-0311

Note: a student may earn up to 1 and 1/3 quarter units or 1 and 1/2 semester units.

APPROVED COURSES: Please list all courses approved for the student to take this summer for credit.

COURSE	QUARTER OR SEMESTER	COMMENT
Ex: Algebra I	1 semester	Will take Geometry in the fall

Will student graduate at the end of summer school 2010? Yes ___ No ___ If yes, will ACDS issue the diploma? Yes ___ No ___

PLEASE PRINT

Administrator: _____ Title: _____

School: _____

School Address: _____

Street
City
St
Zip

School Phone: _____ School Fax: _____

The above-named student has permission to enroll in Atlanta Country Day School's summer program to earn the indicated credits.

Signature: _____ Date: _____