

Clark County School District
2013 Secondary Summer School
Student Application

PLEASE PRINT

VOUCHER AUTHORIZATION: NO REFUNDS...students must follow the attendance/discipline policy to avoid being withdrawn with NO CREDIT

Funding Organization: Name of Sponsoring Organization- **CC JAG SUMMER SCHOOL DIVERSION PROGRAM**
Contact Person:
Name: **MONIQUE PERKINS**
Email Address: **mperkins@ClarkCountyNV.gov**
Telephone Number: **(702) 455-3239**

Authorized Signature

\$ _____
Voucher Amount

STUDENT INFORMATION: Students must register for summer school with a CCSD counselor

CCSD Student ID # - _____ Student Birth date - MM__DD__YR__

Student Name - _____
LAST NAME First Name Middle Initial

Grade - _____ School attended 2012-2013 - _____

School of attendance 2013-2014 - _____

SESSION 1: COURSE _____ FEE __\$_____ Site - _____

SESSION 2: COURSE _____ FEE __\$_____ Site - _____

CONTACT PH. #: _____

CONTACT NAME: _____

FEE = \$ 50.00 per .5 credit for credit recovery

FEE = \$ 100.00 per .5 credit for Enrichment (NOT ELIGIBLE)

2013 SECONDARY SUMMER SCHOOL SITES:

DAY High School and Middle School:

Arbor View HS
Basic HS Eldorado HS/MS
Boulder City HS
Canyon Springs HS
Cimarron-Memorial HS
Clark HS
Del Sol HS
Eldorado HS
Las Vegas HS
Legacy HS
Palo Verde HS
Rancho HS
Sierra Vista HS/MS
Silverado HS/MS

SESSIONS / DATES / TIMES:

SESSION 1

TIMES

SESSION 2

June 17 – July 5

Day: 7:30 AM – 12:15 PM

July 8 – July 25

CCSD SECTION:

Accounting Audit

Receipt #: _____ Date: _____

SSS Site: _____ SSS Official: _____

PRINT NAME

Initial

DISTRIBUTION:

Original – attach to accounting RECONCILIATION FORM