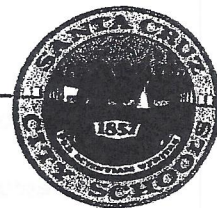


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May 6, 2015

HIGH SCHOOL CREDIT RECOVERY SUMMER DAY PROGRAM

Dear Parents/Guardians:

We are excited to welcome your son/daughter to Santa Cruz City Schools' Summer School Credit Recovery Program. In order to support your student through his/her graduation pathway, we are offering online A-G, online non-A-G, and textbook non A-G courses. Students in the program can earn up to 10 high school credits. Content areas offered this summer include: Applied Arts, Health, Math, English, Social Studies, & Science.

Who qualifies to participate? Current 9th, 10th and 11th graders who need to recover credits to graduate on time.

Location: Harbor High School, 300 La Fonda Avenue, Santa Cruz, CA 95062

Dates: June 17 to July 15, 2015 (holiday Friday July 3)

Required Daily Time in Class: Each student must attend one 2 hour and 45 minute session: Morning Session: 8:30 am to 11:15 am or Afternoon Session: 11:45 am to 2:30 pm. Students' requests will be honored when possible. Otherwise, students will be assigned to one of the two sessions. Please note: if a student misses two class sessions or disrupts teaching or learning, he/she will be dropped from the program. We anticipate a waiting list, so students who are not progressing will be exited.

Your son/daughter _____ is a candidate to participate in the program and has been selected by his/her counselor to take the following course(s):

Course 1: _____ (counselor please circle: online A-G or nonA-G; textbook nonA-G)

Course 2: _____ (counselor please circle: online A-G or nonA-G; textbook nonA-G)

Student Data: Date of birth: _____ Student ID#: _____ Ethnicity: _____

Counselor Signature _____

Counselor Name _____

Date _____

To enroll in SCCS' Summer School Credit Recovery Program, please sign below and CONTINUE to fill out the rest of the form. Also, please sign the back of the Master Agreement for High School Independent Study form. Please have your son/daughter return both forms to his/her counselor by May 15, 2015.

Parent/Guardian Signature _____

Print Parent/Guardian Name _____

Date _____

Student Signature _____

Print Student Name _____

Date _____

What school is student currently attending? _____

Current Grade: _____

What school will student attend next school year? _____

Phone number: Parent _____

Email Parent: _____

Phone number: Student _____

Email Student: _____

Address: _____

City: _____

We will confirm your registration in SCCS' Summer Credit Recovery Program and will invite you to attend a parent/guardian orientation meeting. Please contact your student's counselor for more information.

On behalf of Santa Cruz City Schools, we look forward to working with your son/daughter.

Lisa Storer

SCCS Summer High School Principal

Email: lstorer@sccs.santacruz.k12.ca.us

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