



SUMMER SCHOOL PROGRAM GRADES 9 THROUGH 12 – JUNE 12 – June 30, 2017
GATEWAY TECH SCHOOL CAMPUS, 2951 WILLIAMS DRIVE, GEORGETOWN, TX 78628
MONDAY – FRIDAY, 8AM-12PM
Deadline for enrollment is noon on June 2, 2017

PLEASE PRINT ALL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

BIRTHDATE: _____ AGE _____ GRADE IN 2016-17: _____ CURRENT SCHOOL DISTRICT: _____

CAMPUS CURRENTLY ENROLLED: _____ NAME OF SCHOOL COUNSELOR: _____

PARENT/GUARDIAN: _____ PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

OPTION 1

CREDIT RECOVERY COURSES \$150.00

Students may recover credits toward graduation requirements through computer-based instruction. Priority will be given to current Gateway Students. *Up to two semester courses may be taken if time permits.*

OPTION 2

CREDIT FOR ACCELERATION \$150.00

Students must meet eligibility requirements to enroll and earn credit in the courses. *Up to two semester courses may be taken if time permits*

Incomplete course(s) at the end of the three week session will not earn credit. No refunds will be given after June 5, 2017.

Courses offered (check appropriate courses)

Course	Sem A/B	Original Credit	Recovery Credit	Course	Sem A/B	Original Credit	Recovery Credit
ENGLISH I				BIOLOGY			
ENGLISH II				IPC			
ENGLISH III				CHEMISTRY			
ENGLISH IV				PHYSICS			
ALGEBRA I				FORENSIC SCIENCE			
GEOMETRY				ENVIRONMENTAL SYSTEMS			
MATH MODELS				EARTH & SPACE SCI			
ALGEBRA II				LATIN I			
PRE-CALCULUS				LATIN II			
WORLD GEOGRAPHY				SPANISH I			
WORLD HISTORY				SPANISH II			
US HISTORY				HEALTH	N/A		
GOVERNMENT	N/A			COMM APP	N/A		
ECONOMICS	N/A			BCIS			
PSYCHOLOGY	N/A			PERSONAL & FAMILY LIVING	N/A		
CIVIL WAR	N/A			ESSENTIALS OF BUSINESS	N/A		
VIETNAM ERA	N/A			PERSONAL FINANCE			
MUSIC HISTORY							
Electives (see flyer) See coordinator for offerings.							

THIS FORM MUST BE TAKEN TO STUDENTS SCHOOL COUNSELOR FOR COURSE VERIFICATION AND SIGNATURE BEFORE RETURNING TO ORENDA EDUCATION, 2951 WILLIAMS DRIVE, GEORGETOWN, TX 78628

School Counselor Signature (required) _____ Phone _____ Date _____

School to send transcript: School Name _____ Address _____

Parent Signature (required) _____ Phone _____ Date _____

FOR OFFICE USE ONLY:

DATE _____ CHECK # _____ CASH _____ TOTAL PAID _____

COURSES _____ RECEIVED BY _____