



# SCHOOL VERIFICATION TO ATTEND SUMMER SCHOOL

To be completed by schools recommending a student be enrolled in the identified summer school course.

Name of school	Summer school year
Student name (print)	
Course	Grade level
<p><b>Choose one of the following options:</b></p> <p><input type="checkbox"/> The student has previously attempted the course. Final course grade: _____</p> <ul style="list-style-type: none"> <li>Grades 10-12 must have scored a final grade of 40% or higher.</li> <li>Grades 8-9 must have scored a proficiency indicator of 'Emerging' or higher.</li> </ul> <p><input type="checkbox"/> The student wishes to audit the course but receive no grade or credit in that course.</p>	

This authorization is not valid unless signed by the school principal or vice-principal.

\_\_\_\_\_  
Principal or vice principal name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The information on this form is being collected under the authority of the *Education Act* for the purpose of enrolling students in summer coursework. To inquire about the collection of this personal information, please contact the administrative assistant to superintendents, 1000 Lewes Blvd., Box 2703, Whitehorse, Yukon, Y1A 2C6 or call 867-668-5068, toll free 1-800-661-0408, ext. 5068.