

# Grant Community High School Summer School Lottery Application

This paper copy is due by February 1<sup>st</sup> at 3:10pm to the Guidance Secretary, Stephanie Ashmore 285 E Grand Ave Fox Lake, IL 60020

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By submitting this lottery application, it does not guarantee my student a spot in summer school. If my student is selected, I will be notified on February 8<sup>th</sup>. Payment for summer school must be received by February 22<sup>nd</sup> at 3:10 pm.

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**Are you interested in enrolling in Semester #1 (June 3-June 20)?** Yes or No

Would you like to take Health? Yes or No

Would you like to take ComCon? Yes or No

Would you like to take Bulldog Seminar? Yes or No

**Are you interested in enrolling in Semester #2 (June 24-July 11)?** Yes or No

Would you like to take Health? Yes or No

Would you like to take ComCon? Yes or No

Would you like to take Bulldog Seminar? Yes or No

Parent Signature: \_\_\_\_\_