

Grant Community High School Summer School Lottery Application

This paper copy is due by January 27th at 3:10pm to the Guidance Secretary, Stephanie Ashmore 285 E Grand Ave Fox Lake, IL 60020

140704130208

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 1st. Payment for summer school must be received by February 17th at 3:10.

Student Name: _____ **ID#:** _____

Parent/Guardian Name: _____

Phone #: _____

Email address: _____

Please circle the summer school semester *and* course you prefer.

Semester #1 (June 5-June 22)

Semester #2 (June 26-July 13)

Health

Health

ComCon

ComCon

Either

Either

Parent/Guardian Signature: _____

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