

# EAST RIDGE HIGH SCHOOL

13322 Excalibur Road Clermont, Florida 34711

Phone: (352) 242-2080 Fax: (352) 242-2090

May 2019

Dear Parent and/or Guardian,

East Ridge High School will be offering a summer school grade recovery program for students in danger of not meeting graduation requirements due to low GPA or failure to pass required courses needed for a high school diploma. Transportation is not provided.

**On-Campus Sessions – Attendance is Mandatory for All Sessions:**

Monday – Thursday, June 3<sup>rd</sup> – June 20<sup>th</sup>

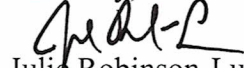
8:30 AM – 12:30 PM

Student must pre-register by May 29<sup>th</sup>. Students will report to the lobby in building 1 to receive their room assignment on the first day of school.

Students **MUST** complete the assigned credit(s) within the summer school timeframe. Credits/grades will only be awarded if the student finishes their assigned credits by **June 20<sup>th</sup>**.

Please complete the attached form and return to Dr. Keaveny in the Character Development Office no later than Wednesday, May 29<sup>th</sup>. If you have any questions, please contact your student's school counselor at 352-242-2081 or through email. Counselor email addresses are available under the Guidance tab on the ERHS website: [www.lake.k12.fl.us/erh](http://www.lake.k12.fl.us/erh).

Sincerely,



Julie Robinson-Lueallen

Principal



**Edgenuity Summer School Credit Recovery**

**STUDENTS ARE REQUIRED TO ATTEND EVERY DAY UNTIL CREDITS ARE COMPLETE**

Failure to attend every day may result in your seat being given to another student that is willing to follow the attendance policy.

Students are required to submit this preregistration form by **May 29, 2019** to Dr. Keaveny in the Character Development Office.

**Summer school courses will be assigned after a review of final grades and GPA.**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Florida Zip: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

Parent(s) Phone: \_\_\_\_\_ (home/cell) \_\_\_\_\_ (work)

Counselor: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

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*For Dr. Keaveny*

Revised 4/2019

Date Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_