

Largo High School SUMMER BRIDGE 2021



Student Name: _____ 20-21 Grade Level: _____

Program (circle one): Scholar A-Ji Scholar Jo-Ma Scholar Mb-Z. ExCEL IB
Counselor: (Ms. Poff) (Ms. Wolfe) (Mr. Johnson) (Ms. Fitzjarrald) (Ms. Wolfe)

SUMMER BRIDGE EXPECTATIONS:

- Students with excessive absences will be removed from the program. (min 2 days/wk for credit recovery)
- Students are expected to be on time to their classroom (all classes are face to face on campus)
- Transportation **will be** provided for scholars within the LHS school zone and outside of the normal 2 mile radius of school.

☐ Yes, I would like to request transportation. ☐ No, I do not need transportation.

- It is an opportunity and privilege to attend the Summer Bridge Credit Recovery Program. Students must follow all school rules and policies, as defined by the PCS Code of Student Conduct.

Summer Bridge programs listed below will be offered here at Largo High School, Mondays through Thursdays from 8am to 12pm. **Please indicate below which Summer Bridge option is needed:**

Check Box	Summer Bridge Options	Dates
<input type="checkbox"/>	Algebra 1 Credit Recovery/Retake Preparation – failed Algebra 1 EOC and/or earned a “D” or “F” in Algebra 1	June 21 – July 15
<input type="checkbox"/>	ACT Math Preparation – designed for returning high school students for college and university test prep	June 21 – July 15
<input type="checkbox"/>	ACT English/Reading Preparation – designed for returning high school students for college and university test prep	June 21 – July 15
<input type="checkbox"/>	Credit Recovery Program (APEX) – earned a “D” or “F” in course, please circle which subject needs to be recovered *Attendance is mandatory at least 2 days per week. Failure to adhere to attendance requirements will result in removal from the program English Science Math Social Studies Name of course(s): _____ Counselor signature: _____ Date: _____	June 14 – July 29

I have read and understand the information above. Scholars must return this completed form to their Counselor to complete registration.

Scholar personal email

Parent email

Scholar Name (print)

Scholar Signature

Scholar Phone Number

Parent/Guardian Name (print)

Parent/Guardian Signature

Parent Phone Number

Address _____