



## SUMMER SCHOOL

### Application for Skip-Ahead Classes

This application is required to enroll in a "skip-ahead" course in mathematics, science, or foreign language. Failure to complete the application prior to the start of Summer School will result in the course not counting for "skip-ahead" credit and the course will be changed to "audit" status and no grade recorded on the transcript.

|                                   |  |                      |  |
|-----------------------------------|--|----------------------|--|
| Student Name:                     |  | Current Grade Level: |  |
| Current School:                   |  |                      |  |
| Name of Class Skip-Ahead Request: |  |                      |  |

- ☐ Name of current class in the skip-ahead subject: \_\_\_\_\_  
Fall grade: \_\_\_\_\_ Current in-progress grade: \_\_\_\_\_
- ☐ Do you feel like you are particularly strong in the subject area?  
☐ Yes ☐ No, but I am taking this summer class to get prepared for the next level  
*Provide a brief explanation as to why you want to take this as a skip-ahead course:*

#### Additional Science/Foreign Language Requirements:

\_\_\_\_\_ (initial) I understand that I must earn a C or higher in both semesters of the VCHS Summer School course as a prerequisite for the next course.

#### Additional Mathematics Requirements:

\_\_\_\_\_ (initial) I understand that I must earn a B or higher in both semesters of the VCHS Summer School course as a prerequisite for the next course.

\_\_\_\_\_ (initial) I understand that I must take the appropriate ALEKS assessment and achieve an appropriate score prior to being placed in my math course for the fall. (VCS students only)

### REQUIRED SIGNATURES:

**Current subject-matter teacher name**

**Teacher Signature**

- ☐ I recommend this student for skip ahead  
☐ I have reservations (explain): \_\_\_\_\_

I understand the VCHS policies related to summer skip-ahead classes.

**Parent Name**

**Parent Signature**

**Internal Use:**

- ☐ VCHS Counselor Approval/Signature: \_\_\_\_\_
- ☐ VCHS Summer School Principal Review and Approval/Signature: \_\_\_\_\_

Submit to the Summer School Principal in person or via email to [summerschool@vcs.net](mailto:summerschool@vcs.net)

**Due by June 1, 2024**

Updated: 2/1/2024