



2017 Summer School Request Form

**Non Leading Edge Academy students must complete full enrollment package.
Available at: www.leadingedgeacademy.com/online-enrollment/ Choose "Online Academy" for campus,
select start date of August in current year, and check the box for "Immediate Enrollment"*

Student Name: _____ Grade: _____ Birthdate: _____ M/F: _____

Student Cell Phone: _____ Student Email: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ Zip Code: _____

Parent Cell Phone: _____ Home Phone: _____

Parent Email: _____

Other Emergency Contact: _____ Emergency Contact Phone: _____

Please check if student has an: Individualized Education Plan (IEP) OR 504 Plan

Current Leading Edge Academy student: Yes No Have attended Leading Edge Academy Online in the past? Yes No

Student's Home Campus* (School of Enrollment): _____

Principal / School Counselor Signature: _____ Date: _____

Resource Center (Please select one): Gilbert Maricopa

Sessions Attending: Summer Session 1* (June 5-22, 2017)

Summer Session 2* (July 3-20, 2017)

Gilbert and Maricopa Resource Rooms open T, W Th, 9-2 (closed July 4)

Credit Recovery: Yes No

Yes No

**\$25 refundable fee is due upon registration. Fee is refunded when course is completed with a passing grade.*

Course Requested: (one semester course per session) _____

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Submit this form along with an unofficial transcript to the LEAO office, fax to 480-558-7038, or email to online@leadingedgeacademy.com. All information must be completed.

For LEAO Office Use Only

LEAO Administration Signature: _____ Date: _____

Entered in SM Fee _____ Course Added Refund _____