

Goal Digital Academy

Summer School Application

2015-2016

Name _____ Grade Level _____ (Next Yr.)

On an IEP? – Yes or No

Your Lab: Mansfield Galion Mt. Gilead Delaware Marion (Circle One)

If Not a Goal Student, what high school do you attend?

(Enclose a check for \$150 made payable to Goal Digital Academy-\$300 if the school you attend is not a member of Mid-Ohio ESC district.)

Course(s) I would like to take in Summer School:

1st Choice _____

2nd Choice _____

I would like to take the following OGT tests:

Reading _____

Math _____

Writing _____

Science _____

Social Studies _____

Home Phone # _____ Cell # _____

The deadline to apply for summer school is June 9th!