

## C.O.P.E. Summer School Application

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

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Grade **next** school year (check one):

\_\_\_\_\_ 10th  
\_\_\_\_\_ 11th  
\_\_\_\_\_ 12th

I am interested in taking (check **one**)

\_\_\_\_\_ American History

\_\_\_\_\_ Pre-Algebra

\_\_\_\_\_ Algebra

- I understand that this class will begin on June 16th and end on July 18th, classes will meet from 8:30 am until 11:30 am, Monday through Friday (no school on July 4th).
- I understand that I will receive 1/2 credit (equal to credit for a one semester class) in the subject area I choose.
- I understand that participation for 1 hour per day in COPE's Life Skills/Substance Abuse Prevention Class is a required part of the curriculum
- I understand that there are minimum attendance requirements in order to earn this credit.
- I understand that there are minimum academic expectations in order to earn this credit.
- I understand that there is NO cost to attend C.O.P.E.'s summer school program.
- I understand that I am responsible for my own transportation to attend this class.

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

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

Return this form to: Robert Coller, COPE, 1055 Cornell, Ypsilanti, Mi, 48197, or fax to 734-547-0521. Please be aware that only 8 students will be accepted for each class. Return this form as soon as possible.

If you have any questions, please contact us at 734-547-0419.