



Student Supports Summer Program (3-8)

Student Name: _____ Student ID No: _____
School Counselor: _____ Contact Number: _____
Date: _____ Grade/HR: _____

Dear Parent/Guardian:

Your child has continued to experience difficulty in _____. Based on your child's performance for Marking Periods 1-3, it is required that your child attend the Student Supports Summer Program. The Student Supports Summer Program will run from July 6, 2020 through August 6, 2020, 8:00 am to 2:30 pm.

Your child will be required to fulfill the attendance and academic requirements of this program. Students must not be absent or be late more for than two days of the program in order to receive credit.

Sincerely,

Principal
