



**Course For Advancement Application**  
**Summer Session 2019**

I, \_\_\_\_\_(name), request consideration for the  
**Athens City Schools Course For Advancement**

In \_\_\_\_\_(course - no more than one).

I attended \_\_\_\_\_(school name) during school-year  
2018-2019.

I have read the requirements for admission to the Course For Advancement program and understand my responsibilities if admitted. My signature and that of my parent/guardian signifies our understanding of all requirements associated with the ACS Course for Advancement program.

**Students in Grades 9-12 only**

**Dates:** June 10 - June 27                      Monday - Thursday                      8:00 a.m. - 12:00 p.m.

**Note:** Course for Advancement students will be required to attend of to four days weekly (based on the course) throughout the June 10th - 27th timeframe. After June 27, students will complete the course virtually (by July 18th) unless monitoring of tests is needed.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature (required for students not  
enrolled in Athens City Schools).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Director Signature (required for student  
athletes).

\_\_\_\_\_  
Date