**AF AHS GROWTH OPPORTUNITY
ALTERNATIVE SUMMER PROGRAM FORM**

**SUMMER 2011**

***\*\*Please use this form if you intend to complete a summer program other than the one that was assigned to you. This form must be turned in to Ms. Holland by June 20th\*\****

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have arranged a different summer program than
the summer program that AF AHS has organized for me. I understand that I am responsible for my own summer program if I do not attend the program I was placed in. The summer program that I have chosen meets all of the criteria that AF AHS has outlined. I understand that I am responsible for the successful completion of my summer program, according to the standards identified by AF AHS. If I have questions, I will call Ms. Holland but I know that my family and I are logistically and financially responsible for my alternative summer program.

**Program I was assigned:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Summer Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact at Alternative Summer Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Telephone number they can be reached at:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**My alternative summer program focuses on:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

x…………………………………………… x……………….

 Student Signature Date

x…………………………………………… x……………….

 Parent Signature Date

x……………………………………………

 Parent E-mail Address