



Math Support Services, Inc.

A Supplemental Private School



TRANSFERABLE CREDIT TO SCHOOL—APPROVAL FORM

STUDENT INFORMATION

Student's Name (Last, First, MI): _____

Student ID#: _____

SCHOOL INFORMATION

School Name: _____

Current Grade Level: _____

Course Title: _____

Credits: 5__ or 10__

Course Title: _____

Credits: 5__ or 10__

I understand that I am responsible for all costs incurred while enrolled at Math Support Services, Inc. and I absolve the School District of any liability I this matter. I agree to allow communication between school personnel and Math Support Services, Inc. regarding my child's enrollment. I understand that without obtaining approval from my child's school, I am assuming responsibility for making arrangements as to how credits will be applied.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

COUNSELOR SIGNATURE REQUIRED

My child will benefit by taking math/science at Math Support Services, Inc. due to the following reason(s):

- Grade Replacement Schedule Conflict (course does not fit into schedule) Class is not available at school site

Signature of Counselor

Print Name of Counselor

Date

PRINCIPAL SIGNATURE REQUIRED

The school principal's approval is required in order for your child to take a course at Math Support Services, Inc. if your request falls outside of the reasons listed above. The request must address a legitimate situation that is affecting your student's success.

Reasons:

- | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Smaller class size needed | <input type="checkbox"/> 504 (ADD/ADHD/Other health issues) |
| <input type="checkbox"/> IEP | <input type="checkbox"/> Stay on track for high school graduation |
| <input type="checkbox"/> Anxiety Issues | <input type="checkbox"/> Stay on track for college admissions |
| <input type="checkbox"/> More individualized attention | <input type="checkbox"/> Student wants to begin remediation at MSS while co-enrolled at school |
| <input type="checkbox"/> NCAA Requirement | <input type="checkbox"/> Student will stay co-enrolled in the district course while attending MSS |
| <input type="checkbox"/> Other _____ | |

Please Explain All Reasons:

Signature of Principal

Print Name of Principal

Date

Note: Parents wishing to appeal the school's decision may contact the Director of Curriculum at the District office.

Send Completed Form to:

Fax: (661) 260-2959

Email: peggy@mathsupportservices.com

MATH SUPPORT SERVICES, INC.

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