



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__

PARENT REQUEST:

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

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
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COUNSELOR SIGNATURE REQUIRED

- The course is being retaken to make up a "D" or "F" grade.
e.g. This includes replacing fall semester grade and continuing to the second semester. Student will be back on-track for next fall.
- The course at the student's school site will not fit into the student's schedule.
e.g. This can also apply when the course better fits outside the normal daily schedule.
It can include students who have frequent extra-curricular pull-outs or who have issues with medications wearing off.
- The course is beneficial to the student and is not offered at the school site.
e.g. This includes the need for off-track courses or choosing an Honors course vs. an AP course.

Signature of Counselor	Print Name of Counselor	Date
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PRINCIPAL (or Administrative Designee) 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:

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> In-Lieu of a course at school (prior to drop deadline) <input type="checkbox"/> Get-Ahead class/"Doubling Up"
e.g. Student assigned to a "prep" class wants to repeat the Fall semester at the same time. <input type="checkbox"/> Approved Get-Ahead Summer Classes <input type="checkbox"/> Complete UC a-g or NCAA requirement <input type="checkbox"/> Complete extra math and science courses as electives | <ul style="list-style-type: none"> <input type="checkbox"/> Get on track to be eligible for AP courses. <input type="checkbox"/> Stay on track for high school graduation <input type="checkbox"/> Stay on track for college admissions <input type="checkbox"/> Fragile Learner (Anxiety, ADD, other learning disabilities) <input type="checkbox"/> Smaller class size <input type="checkbox"/> Specific Parental Request |
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Signature of Administrator	Print Name of Administrator	Date
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Completed Form can be emailed to:
 Peggy@mathsupportservices.com

MATH SUPPORT SERVICES, INC.
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