

# The Quarry Lane School

## SUMMER ACADEMY TEACHER RECOMMENDATION

### STUDENT INFORMATION

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(Parents please complete this section.)

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Name of Current School: \_\_\_\_\_

Summer Academy course applying for: \_\_\_\_\_

### PREREQUISITE REQUIREMENTS MET

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(Please enter the name of the course(s) you believe meets the pre-requisite requirement.)

_____	_____	_____
Course	Teacher Name	Final Grade

_____	_____	_____
Course	Teacher Name	Final Grade

### TEACHER APPROVAL

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(Please have your student's current math teacher complete the bottom portion of this form.)

MATH TEACHER: \_\_\_\_\_

- Approved  
 Not Approved

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher E-mail Address only to used for verification: \_\_\_\_\_

*Once this form has been completed, it is the parent's responsibility to upload this form to the Quarry Lane School Summer Academy Registration Form.*