FORM 3C Summer School Sign In

**School Name**: **Teacher’s Name**: **Date(s) of program:**

**What is the name of your service? How long is this session each day?**

Is this service:

☐ **Academic Enrichment** (e.g. State-sponsored summer programs, local STEM, cultural)

☐ **Remedial Services** (e.g. credit recovery, summer school)

☐ **Other, please explain:**

Instructor: Please have student sign in and mark a check for each day they attend the summer program.

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| Student Name | Grade |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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