

**SOUTHWEST KANSAS AREA COOPERATIVE DISTRICT 613**  
**001 FORD Street**  
**ENSIGN, KANSAS 67841-0070**  
**620.865.2054**

**SUMMER SCHOOL INFORMATION REPORT**

Name \_\_\_\_\_

The following students qualify for summer school and parents have indicated that they will likely attend. A regression eligibility form is complete for all summer school students or has been completed on the current IEP. Keep the eligibility form in the child's special education file; do not send to Ensign unless requested.

List Anticipated Student(s) Below

_____	_____
_____	_____
_____	_____
_____	_____

4. I expect a summer school session in my school?    YES            NO

6. Time and dates of **regular education** summer school in your building or district?

Dates from: \_\_\_\_\_ to: \_\_\_\_\_

Hours from: \_\_\_\_\_ to: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE ENSIGN OFFICE BY APRIL 1**