

PUPIL'S REQUEST FOR SUMMER SCHOOL

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

To Principal of Summer School:

This student is permitted to take the following subject (s):

1. \_\_\_\_\_

2. \_\_\_\_\_

*Melissa Coyens-Hopkins*  
\_\_\_\_\_  
Director of Counseling

Benedictine High School  
2900 M.L. King Jr. Drive  
Cleveland, OH 44104

216-421-2080 x333

**\*\*\*\*TAKE THIS FORM WITH YOU WHEN YOU  
REGISTER AT SUMMER SCHOOL\*\*\*\***

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