



Approval/Permission Form

(Please Print)

Student Name _____

High School _____

Proposed courses to be taken through Racer Academy:

Course Title(s) to be taken	Course Number(s) - if known

Semester _____

Are these courses for dual credit? Yes No

The above student meets eligibility requirements and is recommended to participate in Racer Academy taking the course(s) listed above.

Signature, Guidance Counselor or Principal _____ Date _____

E-mail Address _____

