County_____ District No._____ School_____

**Oklahoma State Department of Education**
**2500 North Lincoln Boulevard**
**Oklahoma City, OK 73105-4599**

# SUMMER SCHOOL ACCREDITATION APPLICATION

**Submit two notarized copies** of this application to the Accreditation Division, State Department of Education, 2500 North Lincoln Boulevard, Oklahoma City, OK 73105-4599. The State Department of Education must receive this application prior to or **during the first week of summer school**. Copies of this application are to be kept at the office of the superintendent and the administrative office for the summer school.

Summer school and Driver Education accreditation regulations are found in the **STANDARDS FOR ACCREDITATION OF OKLAHOMA SCHOOLS**.

_____          _____
Name of this school site                                          Address

(          )_____          _____
School telephone number                                       City                     State                Zip code

## CERTIFICATE OF ACCURACY

**1.  I hereby certify that the information contained in the following report is complete and correct.**

_____          _____
Notary                                                                              Superintendent


_____    _____          _____
Date                 My Commission Expires                             Principal of the Summer School

**2.**   Date the **first** summer session begins? _____ Date **first** session ends? _____
          Date **second** summer session begins? _____ Date **second** session ends? _____

**3.**   Number of pupils participating in the **first** session of summer school? _____
          Anticipated number of pupils in the **second** session of summer school? _____

**4.**   Do the courses meet the requirements of a Carnegie Unit for one unit of credit?  YES ____ NO _____
          Do the courses meet the requirements of a Carnegie Unit for ½ unit of credit?    YES ____ NO _____

**5.**   Has this school district given their written consent to allow a cooperative regional summer school at the Career and Technology Center that provides authorized academic courses?  YES _____ NO _____ NA _____

# SUMMER SCHOOL PROGRAM OF STUDIES

Please indicate by curriculum area a nonduplicated listing of **all courses** that are offered during the entire summer school program.  Also indicate whether the course is granting one unit or one-half unit of credit.

| Courses Titles | Number of units | Courses Titles | Number of units |
|---|---|---|---|
| **BUSINESS** | | **MATHEMATICS** | |
| | | | |
| | | | |
| | | | |
| | | | |
| **DRIVER EDUCATION** | | **SCIENCE** | |
| | | | |
| | | | |
| | | | |
| | | | |
| **FOREIGN LANGUAGE** | | **SOCIAL STUDIES** | |
| | | | |
| | | | |
| | | | |
| | | | |
| **LANGUAGE ARTS** | | **OTHER SUBJECTS** | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

# SUMMER SCHOOL CLASS SCHEDULE

List the names of **all certified teachers** teaching at this summer school and the subject that they teach.  Use the name as it appears on the teaching certificate.  Indicate the six-digit teacher number for each teacher.

Show the total amount of time for each class period in minutes, including breaks.  Also indicate the number of pupils enrolled in each subject.

| TEACHER NAME AND TEACHER NUMBER | FIRST PERIOD Subject Taught | Number of Minutes | Number of pupils | SECOND PERIOD Subject Taught | Number of Minutes | Number of pupils |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **TEACHER NAME AND TEACHER NUMBER** | **THIRD PERIOD Subject Taught** | **Number of Minutes** | **Number of pupils** | **FOURTH PERIOD Subject Taught** | **Number of Minutes** | **Number of pupils** |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |