



555 Hemphill Street, Suite 200 | Fort Worth, Texas 76104 | (817) 332-5070
Hours: Monday - Friday, 8:30AM - 3:30PM

Gill Children's Services

Referral Form: Summer School Tuition 2024

This form should be completed by school counselor then provided to the parent.

The following student is recommended for tuition assistance for the summer session of 2024.

_____	_____	_____	_____
Student Name	Date of Birth	Grade	School District
_____	_____	_____	_____
Parent Name	Parent Phone Number	Parent Email	

Please list the credits that the student must take this session. *Gill may only approve up to two half-credits.*

_____	_____	_____
Class Name	\$ Tuition	Registration Fee
_____	_____	_____
Class Name	\$ Tuition	Registration Fee

Explain why the student must attend summer school this session. _____

Will the student need to take more than two half-credits this session? If so, how many? _____

If in high school, does the student have the option to drop electives next year to make up the failed classes?

N/A No Yes: _____

Will the student be promoted if he/she successfully completes this summer session? No Yes

Did the student's absences cause the failure? No Yes Number of absences: _____

Was there an extenuating circumstance for the student's absences? No Yes Please describe: _____

In your opinion, is this student's need for summer school an emergency and last resort? No Yes Comments: _____

This form was filled out by:

_____	_____	_____
Staff Name	Position	Date
_____	_____	_____
School	Phone Number	Email