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

Referral Form: Summer School Tuition 2025

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 2025.

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*

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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*