

## La Cañada Flintridge Educational Foundation Summer School

## Credit Verification + Transcript Request For Non-LCUSD Students

## **Credit Verification**

Student's Legal Name:

The La Cañada Flintridge Educational Foundation (LCFEF) Summer School is a WASC-accredited program. All of our credit-earning courses are UC approved and NCAA approved. Our courses are aligned with the La Cañada High School (LCHS) regular school year curriculum, use the same textbooks and materials, and require similar instructional time as LCHS full-year courses. LCHS 7-12 accepts all LCFEF Summer School credit-earning classes and grades for full credit.

The LCFEF Summer School program requires all students coming from a school other than La Cañada High School to obtain verification that the LCFEF class will be accepted by their home school at the time of enrollment to ensure their home school will accept the credit. Course descriptions can be found in the LCHS Course Catalog at <a href="https://www.lchsspartans.net">https://www.lchsspartans.net</a>.

Student's Date of Birth			
Email:	Phone #:		
Course enrolled in at 2024 LCFEF	Summer School:		
Home School (where student will a	tend in fall 2024):		
By signing below, I verify that the school stated above will accept the stated course for full credit upon receipt of an official transcript from the La Cañada Flintridge Educational Foundation Summer School.			
Staff Signature:	Date:		
Printed Name:	Title:		

## **Transcript Request**

LCFEF Summer School will mail a hard copy of your student's LCFEF Summer School Transcript directly to his/her home school. It may take a few weeks to process. When school resumes this fall, we recommend that you follow up with your student's counselor to ensure that they have properly documented the course that your student took with us this summer.

The transcript will contain the following information: course titles, grades and credits earned. By completing this form, I request that LCFEF Summer School mail a transcript of the student's completed summer coursework to the school, person or business indicated below.

Full Name o	of School/College/University, Person or Busi	ness to receive the transcript:
To whom sh	nould the transcript be addressed? This is of	ften a counselor or registrar.
Address: _		
	Student Signature	Date
	Parent/Guardian Signature (Required if student is under 18 years of age)	Date

<sup>\*</sup> In order to reserve a spot in a given course, this form must be turned in within 10 days of registering for LCFEF's summer school or the first day of classes, whichever comes first.