

'IOLANI ONLINE SUMMER PROGRAM 2020

Audit Request Form

Deadline: Friday, June 26, 2020, 4:00 p.m.

Name: _____
(Last) (First) (Middle Initial)

Entering Grade: _____ Birthdate: _____ Summer School I.D. # _____

I will audit the following course(s). My grades will not be recorded and I will not receive credit for this/these course(s). I understand that I cannot reverse my decision after **Friday, June 26, 2020**.

Course Name	Teacher's Name (Print)	Teacher Approval

Student Signature

Date

Parent's Signature

Date

If you have any questions, please communicate with the teacher(s) or contact the Summer Programs Office at spo@iolani.org.