

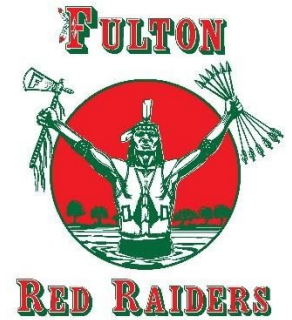
G. Ray Bodley Early College High School IT Program- Parent Recommendation

Student Name: _____

Parent Name: _____

Parent Email Address: _____

Parent Best Contact Number: _____



What are your dreams and aspirations for your child?

Please share any information that you feel is important for us to know about your child?

Please share two of your child's strengths?

Please share two of your child's challenges?

Would your child be the first immediate family member to attend college? Yes_____ No_____

Permission to attend the Early College High School IT Program

I provide my support for my child to attend G. Ray Bodley Early College High School IT Program.

I accept that my child may enroll in the Early College High School IT Program. I realize that students participating in the program must be enrolled as a non-matriculated student at Cayuga Community College and that her/his grades in the college level classes will become part of her/his college transcript. I also understand that the academic calendar for Early College High School IT classes may be different from the G. Ray Bodley High School calendar and may require summer courses.

Parent Signature_____

Date:_____