



**Summit County Educational Service Center**

420 Washington Avenue

Cuyahoga Falls, Ohio 44221

Phone: 330-945-5600 Fax: 330-945-6222

Linda M. Fuline, Superintendent

**Alternative Education Academy  
AUTHORIZATION FORM  
2007-2008**

This form authorizes \_\_\_\_\_ (student's name) to be enrolled into the Summit County Educational Service Center Alternative Education Academy program for the 2007-2008 school year or until \_\_\_\_\_ (date).

This student is currently enrolled in the \_\_\_\_\_ School District and is in the \_\_\_\_\_ grade.

**AUTHORIZING SIGNATURES:**

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date