

**Fairhill School
16150 Preston Road
Dallas, Texas 75248
972-233-1026
Fax: 972-233-8205**

SUMMER SCHOOL GRADE REQUEST

TO: _____
(School)

(School District)

(Address)

(City and State)

Student's Name: _____

Date of Birth: _____

Grade Level (2017-2018) school year): _____

I request that summer school grades be sent to the above referenced school.

Parent Signature

Date