

HIGH SCHOOL CREDIT RECOVERY PROGRAM REGISTRATION

STUDENT INFORMATION: (Please Print)

Name _____
Last First MI

Address _____
Street City State Zip

Male ___ Female ___ Age ____ Date of Birth _____ Student ID # _____

Home School _____ Grade (past year) _____

Home School Address (if out-of-county): _____

1) Does this student have an Individual Educational Plan or a 504 Plan? (circle) Yes No

— **Please ensure that the Credit Recovery Program teacher has a copy of the accommodations list from the student's IEP.**

2) Does this student currently have a medical condition that can be life-threatening? (circle) Yes No

If Yes, explain the condition: _____

PARENT/GUARDIAN INFORMATION: (Please Print)

Name _____

Home Phone (____) _____ Work Phone (____) _____ ext. _____

I understand that this registration will not be considered complete until the appropriate fee for each course has been collected. The tuition charge is \$150 per course.

Parent/Guardian Signature _____ Date _____

SCHEDULE REQUEST

CCPS Course #	CCPS Course Title	Cost	Class Time

Counselor's Name _____ Date _____

Counselor's Signature _____

OFFICE USE ONLY

Cash ___ Check # ___ MO ___ TOTAL PD _____ DATE PD _____ Initialed by _____

White - **Home School Copy**

Yellow - **Director's Office Copy**

Pink - **Student/Parent Copy**