

For Office Use Only

Fees Owed : _____

Fees Paid : _____

Balance Due: _____

CLASS COMPLETION DATE: _____

2021-22 CREDIT RECOVERY APPLICATION

A. STUDENT INFORMATION

NAME: _____ DATE: _____

DATE OF BIRTH: ____/____/____ GRADE: 9 10 11 12

STUDENT ID OR SS#: _____

ADDRESS: _____ PHONE: _____

Student Email _____ Parent Email _____

COURSE(S) NEEDED 1. _____ 2. _____
SEM 1 or SEM 2 SEM 1 or SEM 2

B. SCHOOL INFORMATION

HIGH SCHOOL: _____

SCHOOL FAX /PHONE NUMBER: _____

COUNSELOR'S SIGNATURE: _____ DATE: _____

Courses are taken by distance learning only. All students must bring this form signed and completed from their counselors to enroll in any credit recovery course. Upon completion of class requirements, final grade(s) will be sent to school counselors.

_____ I understand the designated course(s) is to be completed on the date as stated above. No refunds or course extensions will be permitted. It is the responsibility of parent and student to contact Hope Street Academy regarding questions and course results.

**\$190 per course fee, which is due at the time of enrollment.*

Parent or Guardian Signature _____

Student Signature _____