

High School Credit Recovery

Student Registration Form – Attachment B

(Please Print)

Student Name: _____

Grade Level: _____

Gender: M _____ F _____ SS#: _____

Date of Birth: ____/____/____

Home

Address _____

Street

City

State

ZipCode

HomeTelephone _____

Parent/GuardianWorkTelephone _____

Parent/Guardian

Name(s) _____

Parent/Guardian Address/Telephone Number (if different from student)

Emergency Contacts:

Name

Relationship to Student

Telephone Number

List any prescription medication that the student must take during school or the hours of operation listed for the Credit Recovery Program:

Step #1: Read the information regarding Chilton County School System’s Credit Recovery Program’s eligibility and guidelines for participation.

Step #2: Submit tuition payment at the time of registration to _____.

Students dismissed from the Credit Recovery Program are not entitled to a refund or any portion of the tuition.

Step #3: Please list the course(s) requested for Credit Recovery and the numerical grade received in that course:

Signature of Counselor from student’s home school: _____

Step #4: Return this completed and signed form, along with your tuition payment, to _____.

I have read and meet all requirements for the _____ School System's Credit Recovery Program. I have received the rules/regulations/expectations/procedures for the Credit Recovery Program and I agree to abide by all guidelines of the program.

Student

Signature: _____ Date: _____

I understand that if my child does not follow all rules/regulations/expectations/procedures of the Credit Recovery Program, he/she may be dismissed from the program and will lose the opportunity to regain the lost credit through the Credit Recovery Program.

Parent/Guardian

Signature: _____ Date: _____

This section for Office Use Only:

Date Paid: _____ Amount Paid: _____

Received By: _____

(Attachment B page 2 of 2)