

CREDIT RECOVERY APPLICATION*** Student Fills Out**

_____	_____	_____
* Last Name	* First Name	* MI
_____	_____	_____
* Social Security Number	* Street Address	* City/Zip Code
_____	_____	_____
Parent/Guardian Signature (Signature is required)	* Home Phone	* Work/Cell Phone

Course Requested	Previous Grade	Date Credit Completed	Course Recovery Completion Grade
*			

Comments:

Student is eligible and approved for Credit Recovery

Student is **not** eligible and approved for Credit Recovery

Student/Parent/ School Official Conference is scheduled for _____

Principal_____
Counselor_____
Teacher Recommendation_____
Parent Signature_____
Student Signature_____
Course Recovery Facilitator Signature