

CREDIT RECOVERY REGISTRATION FORM

STUDENT INFORMATION

First Name _____ Middle _____ Last Name _____

Grade _____ Age _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____ Cell Phone _____

STUDENT SECURITY QUESTIONS:

Record answers to your security questions below:

- 1.
2.
3.

PARENT/GUARDIAN INFORMATION

First name _____ Middle _____ Last _____

Street Address _____ City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

My signature below indicates that I have read, understand, and will abide by the rules of the Credit Recovery. I understand that failure to abide by these rules may result in disciplinary actions, dismissal from Credit Recovery and/or forfeiture of future Credit Recovery opportunities.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Office Use Only- Do no write below this line

Student Number _____ GTID _____ Previous Grade _____

Grade 9 10 11 12 Race _____ Date Received from Counselor/Student _____

Date Student Registered in System _____ Date Student Enrolled into Course _____

Final Post Test Grade _____ Final Exam Grade _____ EOC grade _____ Final Grade _____

Username _____ Password _____

Comments: