

# Monongalia County Schools Credit Recovery Application Summer Session 2018

July 5 – July 31, 2018

Date: \_\_\_\_\_

## Part I: To be completed by Student/Parent/Guardian (please print)

Student's Name \_\_\_\_\_  
Last First MI

WVEIS # \_\_\_\_\_ Current Grade Level 9 10 11 12 Counselor \_\_\_\_\_  
Circle one

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

I wish to enroll in the class below which I failed during \_\_\_\_\_ First Semester \_\_\_\_\_ Second Semester

Percent grade of course failed: \_\_\_\_\_ School Official Initials \_\_\_\_\_

To be eligible to participate in Credit Recovery, students must have at least a 40% average for the course they wish to recover

**\*No student may take more than two(2) ½ credit courses without principal's approval**

_____ English 9	_____ Math I	_____ World History (Grade 9)
_____ English 10	_____ Math II	_____ US History to 1914 (Grade 10)
_____ English 11	_____ Math III	_____ US History 20-21 <sup>st</sup> Century (Grade 11)
_____ English 12	_____ Biology	_____ Civics (Grade 12)
_____ Health	_____ Earth and Space Science	_____ Other _____

## Part II: To be completed by Counselor (Transcript must be attached)

\_\_\_\_ Student is a twelfth grader who will graduate if the credit is recovered successfully during this summer session.

\_\_\_\_ Transcript is attached which verifies the appropriate course/semester enrolled for credit recovery

\_\_\_\_ If student has an IEP, please check and complete Part III. \_\_\_\_\_

Counselor Signature Date

## Part III: Special Education (Student presently has an active IEP.)

\_\_\_\_\_ MI (Please see \_\_\_\_\_ for registration.)

\_\_\_\_\_ LD (area of difficulty) \_\_\_\_\_

\_\_\_\_\_ Behavioral Disorder \_\_\_\_\_ Other, specify \_\_\_\_\_

## Part IV: To be completed by individual taking the registration form and the money (\$150.00 per ½ credit)

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_

Receipt # \_\_\_\_\_ Cash \_\_\_\_\_

\_\_\_\_\_ Student receives free or reduced breakfast/lunch. \_\_\_\_\_ Authorized Signature

I, \_\_\_\_\_, understand I am being afforded the opportunity to recover credit in classes which I previously failed. Upon successful completion of the online course work the credit and grade will be added to my transcript. The previous failing grade will remain on the transcript.

- Any absences must have permission from administrator.
- I understand this is a self paced course but I must make adequate progress to remain in the course.
- I understand a facilitator is available for my assistance and I will consult with them on a regular basis to make certain I am making successful progress.
- I understand I must do my own work. Cheating of any type may result in loss of this and future opportunities in CR.
- I must be punctual for all sessions, remain on task, and follow all rules set out by the facilitator.
- Discipline problems will not be tolerated. If I am removed for any reason, I will not have the opportunity to participate in this program again.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature