

Credit Recovery Registration

Student Information

Student Last Name: _____ Student First Name: _____
DOB: _____ Grade _____ Phone _____
Student School Email _____
Resident District _____ MARSS Number _____
Referring District _____ Ethnicity _____

Legal Guardian Information

Name _____ Phone _____
Address _____
Email Address _____

Name _____ Phone _____
Address _____
Email Address _____

Credit Recovery Needs

Student has the following academic credit needs as indicated on attached transcript:

Course Failed _____ Quarter Credits Needed _____
Course Failed _____ Quarter Credits Needed _____
Course Failed _____ Quarter Credits Needed _____

Student Services

☐ Special Education (include IEP) ☐ 504 (include 504 plan)

Participation in the Credit Recovery is optional. A continual learning plan must be developed at least annually for each pupil with the participation of the pupil, parent or guardian, teachers, and other staff; each participant must sign and date the plan as acknowledgement of the voluntary nature and focus of this program.

Signatures

Student Signature _____ Date _____
Legal Guardian Signature _____ Date _____
School District Rep Signature _____ Date _____

Start Date: _____ Transcript Received _____

Credit Recovery Continual Learning Plan

Personal and Education Goals:

To earn credits needed for graduation, I understand that I am expected to recover credits for courses that I have previously attempted but did not complete successfully. I know I will have reached this goal when the credits appear on my official transcript.

To be successful in recovering credit, I agree to:

- Attend credit recovery per the calendar
 - In person at the ALC in Melrose
 - Designated location within home district _____
 - Off site location _____
- Ask for help when I need it
- Utilize time outside of the scheduled time to make forward progress

Teachers can help me be successful by:

-
-
-

My family can help me be successful by:

-
-
-

Things that might get in the way of my being successful:

-
-
-

Signatures

Student Signature _____ Date _____

Legal Guardian Signature _____ Date _____

ALC Rep Signature _____ Date _____

Start Date: _____ Transcript Received _____