



Credit Recovery Summer Program Registration Form
GRADES 9 – 12
SUMMER 2024

All students must provide a transcript and a final report card at registration.

Birth Date: _____/_____/_____

Home School: _____ District: _____

Name: _____
Last First Middle

Grade: _____ Gender: Male Female

ETHNIC CODE: (Check One)	<input type="checkbox"/> H - Hispanic	<input type="checkbox"/> W - White
<input type="checkbox"/> A - Asian	<input type="checkbox"/> I - American Indian	<input type="checkbox"/> WA - White & Asian
<input type="checkbox"/> B - African-American	<input type="checkbox"/> O - Other _____	<input type="checkbox"/> WB - White & African American
<input type="checkbox"/> BI - African-American & American Indian	<input type="checkbox"/> P - Hawaiian / Pacific Islander	<input type="checkbox"/> WI - White & American Indian

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Emergency: _____
Name Phone Number

Course(s) Requested/Recommended: _____

School Counselor Signature: _____ Date: _____

OFFICE USE ONLY

Course Name	Course Number	Section	Comments