



WESTHILL Grade and Credit Recovery Program



CONCURRENT STUDENT ENROLLMENT PERMIT FOR EDGENUITY ONLINE COURSES

REV 12/2023

STUDENT INFORMATION

FULL NAME: _____ STUDENT ID: _____ GR: _____

TELEPHONE NUMBER: _____ COUNSELOR : _____

COURSE INFORMATION (FILLED IN WITH GUIDANCE COUNSELOR)

RECORD THE SPECIFIC COURSE TITLE.

EDGENUITY COURSE: _____ TERM REQUIRED: Q1 Q2 S1 Q3 FY

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COUNSELOR SIGNATURE: _____ DATE: _____

PARENT INFORMATION – (TO BE READ AND FILLED OUT BY PARENT/GUARDIAN)

REGULAR ATTENDANCE CHECKS AND SATISFACTORY PROGRESS ARE REQUIRED TO BE GRANTED ENROLLMENT.

MOTHER'S/GUARDIAN'S

FATHER'S/GUARDIAN'S

NAME: _____ NAME: : _____

PHONE: _____ PHONE: _____

EMAIL _____ EMAIL _____

EMERGENCY INFORMATION: IN CASE WE ARE NOT ABLE TO CONTACT THE PARENT/GUADIAN

CONTACT #1:

CONTACT #2: :

NAME: _____ NAME: _____

RELATION: _____ RELATION: _____

PHONE: _____ PHONE: _____

SIGNATURES

YOU ARE ON A MANDATORY CONTRACT:

I UNDERSTAND THAT ATTENDANCE IN THE WESTHILL PROGRAM FOR ONLINE EDGENUITY CREDIT RECOVERY AND/OR QUARTER RECOVERY CLASSES IS AN OPTION THAT MAY BE REVOKED BY THE PRINCIPAL SHOULD MY CLASS WORK, ATTENDANCE, OR CONDUCT FALL BELOW STANDARD. **ENROLLMENT IS VOLUNTARY.**

STUDENT'S SIGNATURE: _____ **DATE:** _____

I AGREE AND I AM AWARE THAT I MUST MAKE APPOINTMENTS TO MEET WITH MS. DENNINGER IN ORDER TO COMPLETE ALL ASSESSMENTS.

STUDENT'S SIGNATURE: _____ **DATE:** _____

I UNDERSTAND THAT IF MY CHILD DOES NOT SHOW SIGNIFICANT PROGRESS AND MEET WITH MS. DENNINGER, HE/SHE WILL NOT BE SUCCESSFUL IN THE PROGRAM. STUDENTS WILL ONLY RECEIVE CREDIT UPON SUCCESSFUL COMPLETION OF ALL NECESSARY COURSE WORK. STUDETS WORKING ON QUARTERLY GRADES WILL RECEIVE A MAXIMUM OF 65 FOR THE QUARTER.

PARENT'S SIGNATURE: _____ **DATE:** _____