

**CONNECTIONS QUARTER CREDIT REFERRAL -Please FILL out AFTER course completion**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

COURSE TO BE COMPLETED: \_\_\_\_\_ (new sheet per course)

Course Completion Date: \_\_\_\_\_

Student and parent contact information (email/cell phone)

\_\_\_\_\_

**REQUIRED APPROVAL**

Guidance Counselor NAME: \_\_\_\_\_

Principal NAME: \_\_\_\_\_

Content Teacher NAME: \_\_\_\_\_

**GUIDANCE COUNSELOR** (please fill out form after course completion)

Identify ONE day the student can commit to coming to the lab. ALL STUDENTS MUST BE ENROLLED in a Quest or LAB session. Students MUST be enrolled and meet content are teacher 10<sup>th</sup> period on A days.

<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>
<b># OF HOURS TO BE MADE UP _____</b>				
<b>GRADE: Q1 _____ Q2 _____ Q3 _____ Q4 _____</b>				
<b>FINAL GRADE: _____</b>				

STUDENT/TEACHER (please complete)

We, (student, parent/guardian/teacher) agree to the requirements as outlined above. In the advent the student meets these requirements the students' grade shall be raised to a 65 (minimum).

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_