



Credit Recovery Summer Program Registration Form
GRADES 9 – 12
SUMMER 2025

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)

- ☐ A - Asian
☐ B - African-American
☐ BI - African-American & American Indian

- ☐ H - Hispanic
☐ I - American Indian
☐ O - Other _____
☐ P - Hawaiian / Pacific Islander

- ☐ W - White
☐ WA - White & Asian
☐ WB - White & African American
☐ 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