



Credit Recovery Summer Program Registration Form
GRADES 9 – 12
SUMMER 2026

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 | ☐ H - Hispanic | ☐ W - White |
| ☐ B - African-American | ☐ I - American Indian | ☐ WA - White & Asian |
| ☐ BI - African-American & American Indian | ☐ O - Other _____ | ☐ WB - White & African American |
| | ☐ P - Hawaiian / Pacific Islander | ☐ 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