

Findlay High School Credit Recovery Student Registration Form

(Please Print)

Student Name: _____ Grade Level: _____
Gender: M _____ F _____ ID#: _____ Date of Birth: ____/____/____
Home Address _____
Street City State Zip Code

Home Telephone _____ Parent/Guardian Work Telephone _____
Parent/Guardian Name(s) _____
Parent/Guardian Address/Telephone Number (if different from student) _____

Reason for option: _____

Course(s) for which student is requesting credit:

Step #1: Read the information regarding the Findlay City School System’s Credit Recovery Program eligibility and guidelines for participation. Completely fill out student registration form with required signatures.

Step #2: Submit tuition payment at the time of registration to the Principal’s Secretary.

Requests for refunds must be made in writing and received by the supervising administrator prior to the first class. Students dismissed from the Credit Recovery Program are not entitled to a refund or any portion of the tuition.

Step #3: Return this completed and signed form, along with your tuition payment, to your counselor.

I have read and meet all requirements for the Findlay City School District’s Credit Recovery Program. I have received the rules/regulations/expectations/procedures for the Credit Recovery Program and I agree to abide by all guidelines of the program.

Student Signature: _____ **Date:** _____

I understand that if my child does not follow all rules/regulations/expectations/procedures of the Credit Recovery Program, he/she may be dismissed from the program and will lose the opportunity to regain the lost credit through the Credit Recovery Program.

Parent/Guardian Signature: _____ **Date:** _____

This section for Office Use Only:
Date Paid: _____ **Amount Paid:** _____ **Received By:** _____

Credit Recovery Team Prescriptive Plan

Approved **Not Approved**

Reason/Rationale:

Additional Information:

Recommended schedule for completing coursework:

If approved, please list coursework according to the teams recommended order of progression:

Credit Recovery Course

Credit Recovery Course

Credit Recovery Course

Administrator Signature

Date

Other Signature

Title

Other Signature

Title

Credit Recovery Course

Credit Recovery Course

Credit Recovery Course

Counselor Signature

Date

Other Signature

Title

Other Signature

Title

Name _____ Date _____

Credit Recovery Student Goal Setting Worksheet

➤ What courses are you requesting Credit Recovery and what grade did you earn in these courses?

course	grade	course	grade	course	grade
course	grade	course	grade	course	grade

➤ Why did you receive this grade? What happened? _____

➤ What grade is your goal for your Credit Recovery course(s)?

course	grade	course	grade	course	grade
course	grade	course	grade	course	grade

➤ What steps will you take to accomplish this goal? Write *at least three* tangible actions you can take to work toward your goal.

1. _____

2. _____

3. _____

➤ Why is this goal important to you? Be specific; give *at least two* reasons.

1. _____

2. _____

3. _____

➤ What obstacles or problems might you encounter? What can you do to overcome these obstacles?

1. _____

2. _____

3. _____

➤ What are some qualities and resources that you already possess that will help you to achieve your goal? List at least two here.

1. _____

2. _____

3. _____

➤ How will you celebrate when you achieve your goal?
