

## Dickson County High School Summer School Credit Recovery Program

Last Name	First Name	MI	Grade	Graduation Year
Street Address	City		Zip Code	
Parent/Guardian Name	Home Phone	Work Phone		
Parent/Guardian email address				

The Credit Recovery Course Guidelines were reviewed, and we understand the program and understand that upon completion of the course the final grade for the Credit Recovery Course will be a 70.

Student Signature	Date	Parent Signature	Date
Course Requested _____		Final Grade _____	
Course Requested _____		Final Grade _____	
Course Requested _____		Final Grade _____	

### .....Office Use Only.....

**Counselor Section:**

- I have reviewed the above named student's Academic Record.
- I have reviewed the following items: Attendance \_\_\_\_\_ Discipline \_\_\_\_\_
- Detailed graduation plan has been developed for this student's remaining years in high school. This plan was discussed and shared with the parent and student.  
Date completed \_\_\_\_\_. Copy attached and original filed with student's credit checklist.
- Student is eligible and is approved for Credit Recovery Program.
- Student is not eligible (Final Grade below 50) for the Credit Recovery. (Must contact parent)
- Student is not approved for Credit Recovery based on \_\_\_\_\_  
\_\_\_\_\_ (Must contact parent)

**Credit Recovery Course (s) approved for this student:**

(Course 1)	(Course 2)	(Course 3)
Counselor Signature	Date	
Administrator Signature	Date	
Credit Recovery Facilitator Signature	Date	