

Dothan City School Credit Recovery Course Application

(Please Print)

Student Name: _____ Grade Level: _____ Student ID #: _____

Date of Birth: ____/____/____ Student email address _____

Student Phone Number: _____ Home Telephone: _____

Home Address:

Street	City	State	Zip Code
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Parent/Guardian

Name(s): _____

Parent/Guardian Work/Cell Telephone: _____

Parent/Guardian Address (if different from student):

Parent/Guardian Email: _____

Step #1: Read the information regarding Dothan City School System's Credit Recovery Program's eligibility and guidelines for participation.

Step #2: I am aware that a maximum grade of 70 is available through Credit Recovery and that should I desire a higher grade, I will be required to take the entire course through traditional methods. I understand that the **National Collegiate Athletic Association (NCAA)** does not recognize Credit Recovery for course credit and that my original failing grade will remain on my permanent record. My signature and that of my parent/guardian convey our understanding of this grading procedure and all other requirements associated with the Credit Recovery program.

Step #3: Please list the course(s) requested for Credit Recovery **and** the numerical grade received in that course:

Course: _____ Grade: _____ Course: _____ Grade: _____

Signature of School Counselor: _____

Step #4: Return this completed and signed form to your school principal.

I have read The Dothan City Schools Credit Recovery Plan and have met all requirements to enroll in a credit recovery course(s). I agree to abide by all guidelines.

Student Signature: _____ Date: _____

I understand that if my child does not follow all guidelines of the Credit Recovery Program, my student may be dismissed from the program.

Parent/Guardian Signature: _____ Date: _____