

# Byron High School Credit Recovery

## **Part I: Student Information**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Part II: Class Information**

Class(es) Requested (no more than 2 classes at a time): \_\_\_\_\_

How many times have you failed this class: \_\_\_\_\_

## **Part III: Policies and Signatures**

By signing below, you agree to the following items:

1. You will follow all Byron Area Schools technology use policies.
2. Course are \$100 each (per ½ credit) or \$25 if you receive free/reduced lunch\*. (\*If this applies to you, please get a release form from Mrs. Smith to verify your eligibility)
3. You will need to complete the class before the next semester begins or you will have to pay again for the class.
4. After 2 weeks of non-use, you may receive a warning.
5. After 3 weeks of non-use, you may be exited from the program.
6. These classes can be worked on from any computer that has internet access, so course work can be completed outside of credit recovery class time. However, all tests must be taken during class time and proctored by the teacher.
7. If you are taking a math class, you will be asked to also complete the Byron High School exam for that class because of the Michigan Merit Curriculum requirements.
8. You will be responsible for all work to be completed. If questions arise, you may contact Mrs. Smith.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

Number of credits: \_\_\_\_\_ Balance due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Counselor or Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_