

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): _____

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. Courses 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 Ms. Smith or from her website 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. If you are a distance learner, please email Ms. Trebtoske at trebtoske@byron.k12.mi.us with questions and to have sections unlocked.
7. If you are taking a math class, you may 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 Ms. Smith or Mrs. Trebtoske.

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

For Office Use Only

Balance due: _____ Amount Paid: _____

Counselor or Administrator signature: _____ Date: _____