

Date: _____
Time: _____ (filed)

Payment received \$75
Check # _____ Cash _____
(Check MUST have DL# and phone #).

Francis Howell High School
Credit Recovery Enrollment Form

Name: _____ Student ID #: _____

Time: Tuesdays & Thursdays from 2:45 pm - 4:45 pm

*Course: _____

Student Signature: _____

Parent Signature: _____

Parent phone #: _____ Parent Driver's License #: _____

Parent Email: _____

Counselor justification: _____

Counselor Signature: _____

****Credit Recovery Administrator approval required if course has NOT previously been failed.***

.....
Office Use ONLY

Course Name: _____

Administrator: _____ Date: _____

Posted to Transcript
Date: _____
BIS: _____
