

# James S. Rickards High School

## Credit Retrieval Registration Form

Student's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Work Phone \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Medical Information: List any medication, allergies or limitations requiring special attention:  
\_\_\_\_\_

Yes, my child may be photographed or videotaped while participating in program.

No, my child may not be photographed or videotaped while participating in program.

Parents: Your child has an opportunity to enroll in an optional class period to make up credits failed in the areas of History, Biology, Geometry, Pre-Algebra, Chemistry and English.

Earning credit(s) may lead to promotion or graduation.

**Credit Retrieval - Room 325 - Time: Monday through Friday at either (check one):**

7:00 a.m. – 7:55 a.m. before school or

3:15 p.m. – 4:05 p.m. after school.

**Transportation for this class (Credit Retrieval) is NOT provided. If you are interested in your child participating, please sign/date below. Students MUST have their Internet Use/Access Permission Form completed.**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course \_\_\_\_\_ Credit: \_\_\_\_\_ Semester: \_\_\_\_\_

**Students MUST ATTEND to remain in the program.**