

**BEECH HIGH SCHOOL  
CREDIT RECOVERY LAB  
WORKING DOCUMENT**

DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

(FIRST)

(MIDDLE)

(LAST)

STUDENT SCHOOL ID #: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

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**CREDIT(S) NEEDED TO RECOVER:**

COURSE \_\_\_\_\_ \*NUMERICAL GRADE \_\_\_\_\_

COURSE \_\_\_\_\_ \*NUMERICAL GRADE \_\_\_\_\_

\_\_\_\_\_  
SCHOOL COUNSELOR/DATE

\_\_\_\_\_  
LAB MANAGER/DATE

**\*Student must have earned a numerical grade of 50-69 to work in the Credit Recovery Program.**

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**BEECH HIGH SCHOOL  
APPLICATION FOR CREDIT RECOVERY**

FULL NAME \_\_\_\_\_

(LAST)

(FIRST)

(MIDDLE)

STUDENT SCHOOL ID# \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN ADDRESS \_\_\_\_\_

STUDENT'S ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

PARENT/GUARDIAN HOME PHONE \_\_\_\_\_

PARENT/GUARDIAN WORK PHONE \_\_\_\_\_

PARENT/GUARDIAN CELL PHONE \_\_\_\_\_

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**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

(Required)

STUDENT'S CELL PHONE \_\_\_\_\_

**PARENT/GUARDIAN E-MAIL ADDRESS** \_\_\_\_\_

(Required)

PHYSICIAN'S NAME \_\_\_\_\_

PHYSICIAN'S PHONE \_\_\_\_\_

INSURANCE POLICY \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY AND I CANNOT BE REACHED, I GIVE THE LAB MANAGERS PERMISSION TO SIGN  
CONSENT TO TREAT FORMS AND/OR ADMINISTER FIRST AID AS NEEDED.**

# BEECH HIGH SCHOOL

## CREDIT RECOVERY CONTRACT

Please read and check each of the following terms in the Credit Recovery Contract. You and your parent must sign to signify your agreement with these terms. Please return this document to your School Counselor as part of the completed Credit Recovery Package.

- Credit Recovery requires a \$50 fee per course** with a yearly maximum of \$100. This fee is due upon registering in the program. A Credit Recovery Fee Wavier form is available for students who qualify.
- Attendance is mandatory.** Inconsistent attendance may result in the student's dismissal from the program.
- I must sign in and out at the PLATO Lab each time I come to work
- I must come to the PLATO Lab prepared to work.
- I must achieve a passing grade to receive credit.
- I understand my Credit Recovery grade is calculated with the previous failing grade.
- I understand that if sufficient mastery of course objectives are not met within six weeks of enrollment, I may have to leave CR for the semester.
- I must complete Credit Recovery for one class before moving on to another subject for recovery.
- I must complete each PLATO test or earn an "exempt" status on tests.
- I may recover a maximum of 4 credits during a school year.
- I must abide by all Beech High School discipline policies while in the PLATO Lab or risk being dismissed from Credit Recovery if my behavior affects others.
- If dismissed from Credit Recovery, I understand that reentry into the program is contingent upon approval of a new application.
- I am responsible if I damage or misuse the equipment in anyway.
- Please leave your cellphones turned off during class time. Failure to do so may result in the instructor taking up the cellphone.**
- If communication is necessary, you may call or email the instructor.
- No food nor drinks in the PLATO Lab.
- Any printing will be 10¢ per page.

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Student Signature/Date

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Parent Signature/Date