



Beech High School

Virtual Credit Recovery

Summer School Application



Student Name _____ **ID#** _____
First Middle Last (School Lunch Number)

Student Address _____

Student Cell# _____ **Birth Date** _____

Student Email _____ **Grade Level** _____

Parent/Guardian Information: Name _____

Phone _____

Parent Email _____

Additional Contact Name _____ **Phone** _____

***Please denote whether the course is for Credit Recovery or Unit Recovery by circling. Student MUST have received a 50-69 to be eligible for the Credit Recovery Courses.*

Course Request _____ **CR/ UR** * **Original Course Grade** _____

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All Credit Recovery courses shall receive a grade of Seventy Percent (70%) per the TN state board of Education High School Policy 2.103. The students transcript shall denote that the credit was attained through Credit Recovery. The original failing grade may be listed on the transcript but shall not factor in the students GPA, in accordance with the State Board of Educations Uniform Grading Policy 3.301

I have read the above statement and attached contract, I undertand/agree to adhere to the requirements for course completion. The request for course virtual enrollment will not be processed until this agreement is returned to the guidance counselor of record with a signature from and administrator.

Parent Signature _____ **Date** _____

Course Approval Date _____

Administrator/Counselor: _____

Lab Coordinator _____