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2019-2020 EVENING CREDIT RECOVERY FORM

Recovery Courses for students enrolled in CCPS will be Monday thru Thursday - 3:00 to 5:00pm

Student Name: _____ Current Grade: _____

Address: _____

School: (CRHS or NCHS?) _____ Counselor: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Phone Number: _____ Email*: _____

**A parent/guardian contact email must be provided so that you can receive weekly progress reports*

Emergency Contact Name: _____ Emergency Contact Number: _____

Return this application to your school counselor.

To be completed by counselor:

Assessments passed: MISA-Science HSA Government PARCC English 10 PARCC Algebra I

Does the Student receive services for**: Special Education ELL 504

**If yes, a copy of accommodations must be attached.

A copy of current transcript/historical grades must be attached.

English Grade 9	Algebra I	US History
English Grade 10	Algebra II	Government
English Grade 11	Geometry	World History
English Grade 12	Pre-Calculus	Sociology
Biology	Chemistry	Psychology
Environmental Science	Physics	Financial Literacy
Health	Spanish I	Spanish II
Other/List Course:		

Please signify that the above information is correct and complete by signing below. Submit for one course at a time.

School counselor signature: _____ Date of Referral: _____

For Office Use Only:

Date Received: _____ Enrollment Date: _____ Password: _____