

***For Office Use Only***

***Fees Owed :*** \_\_\_\_\_

***Fees Paid :*** \_\_\_\_\_

***Balance Due:*** \_\_\_\_\_

**CLASS COMPLETION DATE:** \_\_\_\_\_

## CREDIT RECOVERY REQUEST FORM

www.hopestreetonline.org

### A. **STUDENT INFORMATION**

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

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE: 9 10 11 12

STUDENT ID OR SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Student Email \_\_\_\_\_ Parent Email \_\_\_\_\_

VERIFICATION OF COMPLETION OF \_\_\_\_\_ WILL  
(Example: Algebra II, Eng. 10)

RESULT IN IT BEING COUNTED AS ONE OF THE FOLLOWING:

GENERAL ELECTIVE OR SPECIFIC REQUIREMENT

\_\_\_\_\_  
(Example: Fine Arts, Math)

### B. **SCHOOL INFORMATION**

HIGH SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNSELOR'S SIGNATURE: \_\_\_\_\_

\_\_\_\_\_ *I understand the designated course(s) is to be completed on the date as stated above. No refunds or course extensions will be permitted. It is the responsibility of parent and student to contact Hope Street Academy regarding questions and course results*

*\* \$190 (out of district) per course payment, which is due at the time of enrollment.*