



EDUCATIONAL  
SERVICE  
DISTRICT 112

2500 NE 65<sup>TH</sup> AVENUE VANCOUVER WA 98661  
(360) 750-7500, Extension 290

**CREDIT RECOVERY ENROLLMENT FORM**

Please complete in blue or black ink only. Do not use whiteout. Initial any changes you make.

**STUDENT INFORMATION**

Student Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

High School Attending \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

My son/daughter has permission to participate in the Credit Recovery Program at Educational Service District 112 (ESD 112). I understand that the ESD 112 staff is not responsible for supervising, controlling or providing the student's transportation to and from class. **Payment is due by first class session - \$100 for .5 credit, \$200 for 1.0 credit.**

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY COUNSELOR**

Before class begins, students need to submit their transcripts and have their counselor sign this form showing approval of participation.

Subject Credit Needed \_\_\_\_\_ Credit (0.5-1.0) \_\_\_\_\_

Counselor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form needs to be completed before class starts. Students must obtain their transcripts from their counselor and turn them in to Janet Webster at ESD 112. Checks must be made payable to ESD 112. Payment is due no later than the first class session.**