

WILLIAMSON COUNTY SCHOOLS

1320 West Main St. Franklin, TN 37064

**Independence High School
Credit Recovery Program**

_____ Last Name _____ First Name _____ MI _____ Grade _____ DOB _____

_____ Street Address _____ City _____ State _____ Zip Code _____

_____ Parent/Guardian Name _____ Home Phone _____ Work Phone _____

Student to Complete	School Staff to Complete		
Courses Needed	Semester Needed	Previous Grade in Course	Date Credit Completed
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

I have read the credit recovery guidelines (see attached sheet) and acknowledge that the student must abide by all the guidelines set forth in the credit recovery program. I further acknowledge that the student must attend credit recovery sessions (see attached calendar) until the student has completed all course requirements before credit is issued. Any violation of the program guidelines may be cause for dismissal.

_____ Signature of Student _____ Date _____ Signature of Parent or Guardian _____ Date _____

-----Office Use Only-----

_____ Signature of CR Principal _____ Date _____ Signature of Counselor _____ Date _____

_____ Date Entered on Transcript _____ Printed Name _____ Signature _____