

Williamson County Schools

1320 West Main St. Franklin, TN 37064

Summit High School Credit Recovery Program

Last Name	First Name	MI	Grade
Parent/Guardian Name	Home Phone	Work Phone	

Courses Needed	Previous Grade must be 50 or higher	Date Credit Completed	CR Grade	Amount Due \$50/semester
			TOTAL DUE:	

Staff Comments:

Signature of Student	Date	Signature of Parent	Date
-----Office Use Only-----			
Signature of Principal	Date	Signature of Counselor	Date

Date Entered on Transcript	Printed Name	Signature
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615-472-4000

Credit Recovery Contract

As a Credit Recovery student I, _____, am aware that I have a **maximum of three attempts** to pass each Mastery Test or other assessment in the credit recovery program for each subject taken. If I have not successfully completed the assessments in three attempts, my Credit Recovery for that subject is terminated and I will be required to reapply the following semester. Completion of credit recovery **only provides credit** for that subject. It does not remove the failing grade from my transcript or affect my GPA. I understand **a maximum of 6 credits can be earned** under the credit recovery program. Courses failed beyond the 6 credits will not qualify for the program and the course will need to be retaken in its entirety. I will be removed from the Credit Recovery Program by violating any requirements.

PLEASE NOTE: NCAA does not recognize A+ Credit Recovery program as part of the 16 core credit requirement. If this is a concern, please check with your counselor

Student Signature

Date

Parent Signature

Date

School Official Signature

Date