

# CREDIT RECOVERY REQUEST FORM

www.hopestreetonline.org

## A. STUDENT INFORMATION

\_\_\_\_\_ *For Office Use Only*

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

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

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

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

USD 501 STUDENT ID # (SSN): \_\_\_\_\_

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

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

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

VERIFICATION OF COMPLETION OF \_\_\_\_\_ WILL  
(Example: Algebra II, Soph. Eng. 1)  
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: \_\_\_\_\_

*It is the responsibility of parent and student to contact Hope Street Academy regarding questions and course results. \_\_\_\_\_ (Initial Please)*

*\*There is a \$115(in district) or \$160 (out of district) per course payment, which is due at the time of enrollment.*

