

**Student #**  
 \_\_\_\_\_

**Choctawhatchee High School  
 Summer School 2021 Registration Form**

Name: \_\_\_\_\_ 2020/2021 Grade: 9 10 11 12

Parent Phone #: \_\_\_\_\_ Student Phone #: \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Indicate which class you have previously failed and which semester you need.

**Performance-Based (Edgenuity) Credit Recovery** (fill in course needed)

<b>Course(s) Needed:</b>	_____	1 <sup>st</sup> semester	2 <sup>nd</sup> semester
	_____	1 <sup>st</sup> semester	2 <sup>nd</sup> semester
	_____	1 <sup>st</sup> semester	2 <sup>nd</sup> semester
	_____	1 <sup>st</sup> semester	2 <sup>nd</sup> semester
❖ Purpose:	Credit Recovery		
❖ Dates:	June 16- July 9		
❖ Time:	7:30 AM- 1:00 PM		

- ❖ For more information please call Choctawhatchee High School at 850-833-3614 or contact your counselor
- Ms. Bobbi Patterson      All 9<sup>th</sup> Grade
- Ms. Misti Markoch      10-12 Grade    Last Names A-HE
- Ms. Katherine White    10-12 Grade    Last Names HI- MC
- Ms. Kay Brock          10-12 Grade    Last Names ME- Z
- ❖ Please return completed forms to Ms. Betts or Ms. Scaife no later than June 3

**Office Use Only:**

Edgenuity Username : \_\_\_\_\_

Edgenuity Password: \_\_\_\_\_



OCSD CREDIT RECOVERY PROGRAM  
STUDENT CONTRACT FORM

Starred (\*) Fields

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

STUDENT NAME: (\*) \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

CONTRACT

As a student in Credit Recovery, I WILL abide by the following contract:

1. I understand that Credit Recovery is part of the school day and all school policies apply.
2. I will work toward fulfilling the requirements to recover needed credits.
3. I will maintain satisfactory attendance as outline by the OCSD attendance policy.
4. I will complete all Edgenuity course requirements to receive credit for the course.
5. I understand that pre-testing of certain Edgenuity courses is designed for me to focus on the essential skills and standards where I need the most instruction. If I make a 70% or higher on a pre-test, I will move on to the next lesson. If I do not make a percentage of 70% on any pre-test, I will begin working on the appropriate lessons. Use of any materials (online or otherwise) during the prescriptive test is prohibited.
6. I may not use ANY electronic devices, as well as computer programs or websites, other than Edgenuity while I work in Credit Recovery. I understand that I may be asked to leave for violating this policy.
7. I understand Unit Tests and Cumulative Exams MUST be taken at the school site under the supervision of a teacher or lab manager. Credit Recovery lectures, practice work, and assignments can be accessed at home. Cumulative Exams can only be taken one time. Any additional attempts will not be counted.

As a student in Credit Recovery, I agree to the above conditions.

(\*) \_\_\_\_\_

\_\_\_\_\_

Student Signature

Date

**CHOCTAW HS EDGENUITY BEHAVIOR CONTRACT**

I understand that failing to comply with contract stipulations may result in being suspended from the Edgenuity Program at Choctawhatchee HS.

Each student's contract is subject to review at the end of each semester.

STUDENT SIGNATURE (\*) \_\_\_\_\_

DATE \_\_\_\_\_

PARENT SIGNATURE (\*) \_\_\_\_\_

DATE \_\_\_\_\_

OVER