

Student #

**Choctawhatchee High School
Summer School 2020 Registration Form**

Name: _____ 2019/2020 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)

Course(s) Needed: _____ 1st semester 2nd semester
 _____ 1st semester 2nd semester
 _____ 1st semester 2nd semester
 _____ 1st semester 2nd semester

- ❖ Purpose: Credit Recovery
- ❖ Dates: June 8- July 10
- ❖ Time: Fully Online- Your individual Teacher will share Office Hours

Office Use Only:

Edgenuity Username : _____
 Edgenuity Password: _____

- ❖ For more information please call Choctawhatchee High School at 850-833-3614 or contact your counselor
(Last name A-K KeckK@Okaloosaschools.com; Last name L-Z BrockK@okaloosaschools.com)
- ❖ Please return completed forms to your Counselor via Email no later than June 5