**Credit Recovery**

**Home Campus:** AHS BHS CHS DHS EHS HHS KHS MHS RPHS THS WHS PHS ACHS

***Please Print Clearly***

**Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_ **Zip Code**: \_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell #**: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ **Work #**: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

**Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Programs (**check one**): \_\_ General \_\_504 \_\_LEP \_\_ SPED**

***Choose one course for M/W and/or one course for T/TH class.***

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| --- | --- | --- | --- | --- | --- |
| **Fall 2024 Quarter 1 B Courses Offered: August 26 – October 2**  **Fall 2024 Quarter 2 A Courses Offered: October 21 – December 4** | | | | | |
| **Math**  Monday/Wednesday | **Science**  Monday/Wednesday | **Electives**  Monday/Wednesday | **English**  Tuesday/Thursday | **Social Studies**  Tuesday/Thursday | **Electives**  Tuesday/Thursday |
| **Remedial Only**  **\_\_\_\_Algebra I A**  **\_\_\_\_Algebra I B**  **\_\_\_\_Geometry A**  **\_\_\_\_Geometry B**  **\_\_\_\_MMA IA**  **\_\_\_\_MMA II B** | **Remedial Only**  **\_\_\_\_IPC A**  **\_\_\_\_IPC B**  **\_\_\_\_Biology A**  **\_\_\_\_Biology B**  **\_\_\_\_Chemistry A**  **\_\_\_\_Chemistry B** | **Remedial Only** | **Remedial Only**  **\_\_\_\_English I A**  **\_\_\_\_English I B**  **\_\_\_\_English II A**  **\_\_\_\_English II B**  **\_\_\_\_English III A**  **\_\_\_\_English III B** | **Remedial Only**  **\_\_\_\_W. Geography A**  **\_\_\_\_W. Geography B**  **\_\_\_\_W. History A**  **\_\_\_\_W. History B** | **Remedial Only**  **\_\_\_\_Spanish I A**  **\_\_\_\_Spanish I B**  **\_\_\_\_Spanish II A**  **\_\_\_\_Spanish II B** |

**~For Home Campus Designated Counselor Use Only~**

Original registration form will be accepted only. Copies and emails of the registration form will not be accepted at this time.

Print: Counselor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/2022

**High School Sumer School Programs**

Fort Bend Independence School District

Evening School Reduced Tuition Fee Application

*Based on current National School Lunch and Child Nutrition Programs Income Eligibility Guidelines*

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| --- |
| **~For Cashier Use Only~**  **Amount Paid: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Amount Paid:** $ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Reduced Tuition Fee)**    **PAYMENT MUST BE MADE IN REVTRAK USING A DEBIT OR CREDIT CARD.**  CASH IS NOT ACCEPTED.  **All fees must be paid in full in RevTrak at the time of registration. No Exceptions.**  Fee Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/2024\_ Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |