

Fort Bend Independence School District Night School Registration Form

Credit Recovery

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

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

Fall 2025 – Term 1 – B Courses: September 2 – October 8

Please select your first and second choice in case a course does not make.

Mondays and Wednesday				Tuesdays and Thursdays			
First Choice Monday/Wednesday		Alternate Choice Monday/Wednesday		First Choice Tuesday/Thursday		Alternate Choice Tuesday/Thursday	
Remedial Only	Remedial Only	Remedial Only	Remedial Only	Remedial Only	Remedial Only	Remedial Only	Remedial Only
____ Algebra I B	____ IPC B	____ Algebra I B	____ IPC B	____ English I B	____ W. Geog B	____ English I B	____ W. Geog B
____ Geometry B	____ Biology B	____ Geometry B	____ Biology B	____ English II B	____ W. History B	____ English II B	____ W. History B
____ Alg Rsn B	____ Chemistry B	____ Alg Rsn B	____ Chemistry B	____ English III B	____ Spanish I B	____ English III B	____ Spanish I B
____ ProfComm	____ Health	____ ProfComm	____ Health	____ Spanish II B			____ Spanish II B
	____ Art I B		____ Art I B				

~For Home Campus Designated Counselor Use Only~

Counselor verification **REQUIRED**:

- Student receives Free or Reduced Lunch _____ Yes _____ No
- SpEd/504 documentation attached: _____ Yes _____ N/A
- Transcript attached: _____ Yes

Print: Counselor's Name: _____ Signature: _____ Date: ____/____/2025

~For Cashier Use Only~

COST: \$35 per course – without free/reduced lunch \$10 per course - with free/reduced lunch

of courses: _____ Amount Paid: \$ _____

SCAN TO PAY 



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: ____/____/2025 Receipt #: _____

Refund requests go to the Night School Administrator and will not be accepted or approved once classes begin on the first day of each session.

Please keep your copy of this form and the receipt as proof of your registration.

Update 8/12/2024