



# AHS STUDENT **CREDIT RECOVERY** APPLICATION FORM

Summer Session 2024

**Grades 9th - 12th**

**Dates/Time:** June 3 to June 27      Monday - Thursday    9:00 AM - 12:00 PM

Please complete this form and attach it to the **2024 Athens City Schools Summer Session Application**. You are applying to retake a previously failed course. **Deadline to apply: June 3**

**Student Name** \_\_\_\_\_ **School** \_\_\_\_\_

I request consideration for the **Athens City Schools Summer School Program** for the following course(s):

**(1st Course)** \_\_\_\_\_ **Course Average** \_\_\_\_\_

**(2nd Course)** \_\_\_\_\_ **Course Average** \_\_\_\_\_

**June Summer School Program for ACS students - \$200 per 1 course (1 credit)**

I have failed this high school course with an average between 40-60. I understand that I must attend in person at AHS each Monday, Tuesday, Wednesday, and Thursday, June 3 – June 27 from 9:00 AM to 12:00 PM. Absences will void this credit recovery. Courses will be online using Odysseyware. I may only take two CR courses. I realize the first course must be completed before the second course is provided. My courses are listed in the order of importance.

**Important:** I realize that no digital device will be provided for at home or school use. If I need a device, I follow the Requirements to Receive a School Issued iPad, due June 3rd.

I have read the requirements for admission to the Summer School/Credit Recovery program, and I understand my responsibilities ***if*** admitted. I am aware that a **maximum grade of 70 (HS CR)** is available through High School Credit Recovery and that, should I desire a higher grade, I will be required to take the entire course through traditional methods. If I am not accepted into the ACS High School Credit Recovery Program, I understand that I will take the class again in the traditional school setting.

My signature and that of my parent/guardian signifies our understanding of this procedure and all other requirements associated with the ACS High School Credit Recovery Program.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Summer school administration will contact the school counselor and the Athletic Director for course approvals.**

\_\_\_\_\_  
School Counselor

\_\_\_\_\_  
Athletic Director (Required for athletes)

Contact: Carla Parker

Phone: 256-233-6613

Email: carla.parker@acs-k12.org