

Credit Recovery Application Appendix A

AP-618 Credit Completion

STEP 1 – To be completed by student in consultation with their family.

Name:	School:
Date of Birth (DOB):	SK Learning Number:
Course applied for and final mark:	
Teacher Name:	Proposed start date:
	Proposed completion date:
Reason for applying:	
If I do not complete the agreed to learning p date, I understand that I will not receive cred	lan to a satisfactory level by the agreed upon completion dit for this class.
Signed (student):	Date:

STEP 2 – to be completed by Administrator in consultation with school team.

If the student has met the requirements for credit recover to proceed, the administrator, original teacher and possibly a school team will complete and review the following plan with the student.

Course Completion Expectations (complete missing assignments and opportunities to show learning of specific missing outcomes, etc. Please be specific and include application due dates for each task):
Approval (Principal): Date:
STEP 3 – to be completed by parent of student if student is under 18 years of age.
f, as a parent, you still have questions or concerns regarding this credit recovery plan, please contact the school's administration to continue the planning conversation.
f this planning conversation has been completed, please read the following statements and sign at the pottom to confirm your support of them.
 I understand that my child has applied to enter credit recovery for the above course and has agreed to the timelines.
• I understand what this intervention will involve and I support this plan.
 I understand that, if my child does not complete the course work to a satisfactory level by the agreed upon course completion date, they will not receive credit for this class through credit recovery.
Signed (parent): Date: