



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 plan to a satisfactory level by the agreed upon completion date, I understand that I will not receive credit 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.

If, 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.

If this planning conversation has been completed, please read the following statements and sign at the bottom 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: _____

Please return this completed Credit Recovery Application Form to the school.