

eCredit Recovery Program
Student Registration Form for Fall 2017 eCredit

Print, Complete and Return to: Stephanie Bragalone- Lincoln Educational Services Center, 619 Bowen Street 303.702.7906
Please check www.elearning.svvsd.org to learn more.

About: The eCredit Recovery Program is a district-run blended credit recovery program for students who initially failed a class. Blended means students will complete work online AND also be required to physically attend weekly teacher facilitated meetings. Students who are having attendance issues will be dropped from the program.

Schedule & Location: (Please CIRCLE the location you are going to attend)

- ★ **Erie High School:** 9/11 through 12/6, Meets EVERY Monday and Wednesday from 2:45 to 4:45pm
- ★ **Frederick High School:** 9/11 through 12/7, Meets EVERY Monday and Thursday from 3:00 to 5:00pm
- ★ **Longmont High School:** 9/12 through 12/7, Meets EVERY Tuesday and Thursday from 3:15 to 5:15pm
- ★ **Mead High School:** 9/12 through 12/7, Meets EVERY Tuesday and Thursday from 2:45-4:45pm
- ★ **Skyline High School:** 9/11 through 12/6, Meets EVERY Monday and Wednesday from 2:45 to 4:45p

****Attendance is mandatory- students are only allowed ONE excused absence during the 12 week session.**

To be Registered You Must Complete All 5 steps:

Your students Registration in eCredit IS NOT complete until the items below have been met.

1. Apply online at www.elearning.svvsd.org or Complete the registration forms and bring to 619 Bowen St.
2. Pay in Full : 0.5 credit = \$150 1.0 Credit = \$225 (F&R: 0.5 credit = \$90 1.0 Credit= \$115)
3. Attend Parent Orientation: (If you attended in the Fall 2016 session- you do not have to attend again)
 - Lincoln ESC - 619 Bowen Street, Longmont 80504 (West Building)
Date(s): Wednesday, September 6th OR Thursday, September 7th Time: 6:30pm- 7pm
 - Mead High School 12750 County Road 7, Longmont, CO 80504 (Library)
Date(s): Tuesday, September 5th Time: 6:30pm- 7pm
 - Frederick High School - 5690 Tipple Parkway, Frederick 80504 (Library)
Date: Wednesday, September 6th Time: 6:30pm- 7pm
 - Erie High School - 3180 County Road 5, Erie 80516 (Cafeteria)
Date: Thursday, September 7th Time: 6:30pm - 7pm
4. Review and sign the Expectation Sheet as well as the Behavioral Policies sheet at parent orientation
5. Proof of an "F" on transcript for the course you're recovering

Initials: _____

To Successfully Recover Credit Be Ready To:

- Work from home at least 3-4hours each week and therefore have access to a reliable computer with Internet access.
- Attend two days a week for the 12 week session.
- Submit all coursework including all online and hard copy assignments assigned by the teacher
- Earn a passing grade of 60%
- Complete ALL pre-tests in the presence of the facilitator.
- Take a Pop Quiz on any Lesson Quiz that you didn't complete in teacher's presence
- Meet with the eCredit teacher to conference and finalize grades. Grades are **only** finalized once you meet for an exit conference

Initials: _____

*** By initialing above and signing below, I am accepting the terms and conditions of the eCredit recovery program.**

All parts MUST be completed. Your application will be rejected if any part is missing

Student Name (PRINT) _____ Student Phone: _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Required Parent Phone: _____

Required Student email: _____ Required Parent email: _____

*** Students If you do not agree, you may not register for an eCredit recovery class.**

OFFICE USE ONLY

F&R- (Circle One): Yes No Method of payment : _____ Amount Received _____ (Secretary Initials) _____

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Student, please answer all the questions. Your registration will not be accepted if any parts are left blank. No refunds are available once classes begin.

* Grade level for the 2017-2018 school year: _____ School attended in 2017-2018 _____

* Do you qualify for free or reduced lunch? (Subject to verification) No Yes

* Name of course: _____ Semester **a** or **b** (Circle one)

Second Course (SENIORS ONLY)

* Name of course: _____ Semester **a** or **b** (Circle one)

Have you met with your counselor? **Yes or No** (Circle one). *You* must meet with your counselor before registering.

*Counselor's name: _____ Counselor's Signature _____ Date: _____

Complete the following. We will not accept incomplete forms. How do you plan to attend classes, work from home and recover your credit:

* Describe the reason(s) you initially failed this course:

*Explain in detail how you plan on managing your time when working from home so that you are able to spend the minimum hours per week working on your eCredit recovery course:

*How will you access the online course work when working from home or elsewhere?

Do you have any medical issues that the school should be made aware of? No Yes

* Please specify details of medical issues:

* Does the student need to take any medication during eCredit hours at the school? No Yes

* Please specify medications and special instructions:

* Is the student on an IEP, 504 Plan, or in ESL? No Yes

* Is the student under any court-ordered restrictions related to school? No Yes

* Please provide details of court restrictions:

* Is the student currently on probation? No Yes

* Please provide probation officer's name and phone number :