



# Waterford Mott High School

## 2017-2018 Online Credit Recovery Application

1151 Scott Lake Rd, Waterford, MI 48328

**The top portion of the form MUST be filled out completely by the student!**

STUDENT NAME _____		
(Last)	(First)	I.D. # _____
Student Cell Phone: _____	Student Email: _____	
Birth Date: _____	Grade: _____	
Parent/Guardian Name: _____		
Parent/Guardian Phone: _____	Parent Email: _____	

I understand and agree to the following:

- I understand that I must complete all work assigned for the course. Grade calculation is 90% coursework and 10% summative exam. Average percentage for course including summative exam shall be no lower than 70% for credit to be awarded.
- I will make sure that the work is my own. Plagiarism or falsification of documents or work will not be accepted. You will be removed from the program, not receive credit, and not allowed to return.
- I understand that **incomplete courses will NOT BE CARRIED OVER INTO THE SUMMER OR THE NEXT SCHOOL YEAR.**
- I will work weekly to complete courses and have progress completed as stated.
- **I understand that I am required to attend After School Credit Recovery in the 340 lab at least once per week on Mon, Tues, Wed, or Fri from 2:40 – 4:00 OR Monday mornings from 6:30 – 7:15.**
- Besides my one day required in the 340 computer lab, I understand that I can also work anywhere high speed internet is available. This includes the school computer lab, local library, and from my home.
- I understand that the summative exam for the course **must be taken during After school Credit Recovery in my building Monday – Wednesday 2:30 – 4:30.**
- I understand that credit recovery courses are an independent program and there is no tutor. **I am responsible for monitoring my own progress.**
- I understand that the Waterford School District is not liable for the loading or performance of the program on my personal computer. If I have difficulty, I will contact Mrs. Shelton in room 301.
- Deadlines to apply to recover a course: Seniors – April 9, 2018 Underclassmen - March 29, 2018. **NO EXCEPTIONS.**
- Course(s) must be completed by: Seniors: **Wednesday, May 23, 2018** Underclassmen: **Wednesday, June 6, 2018. NO EXCETIONS**

By signing below I certify all of the information provided above to be true and I acknowledge and accept the policies and stipulations of the Waterford School District Credit Recovery program.

Student Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____

**Please return this form in person to the school bookstore. Cash, money order, or checks are acceptable. Checks and Money Orders must be made out to Waterford Mott High School.**

Counselor Signature: _____
Date: _____

Course (list only <b>one semester course</b> in each line provided) three maximum	\$30.00 Per ½ credit**
1	\$
2	
3	
Total Due	\$

**\*\*Request for refunds minus a \$25.00 non-refundable fee will be granted before student receives log in and instructional packet. We make every effort to have students start as soon as possible; however, it can take up to a week for processing of this application. Returned check fee will be charged to student and credit will not be issued until all fees are cleared.**

*The Waterford School District makes no warranties of any kind, whether expressed or implied while using Edgenuity on your home computer. The District will not be held liable for the loss of data, service interruptions, computer repairs, virus infections or for the quality of information received on your computer. It is your responsibility to understand and use the program as directed.*