

Summer 2025 Edgenuity Enrollment Agreement and Registration Form

By completing the form below, students and parents acknowledge that they have read and understand the Enrollment Agreement below.

Student and Parent Enrollment Agreement

The Credit Recovery program has been explained to me and I believe it will best meet my (or my student's) educational needs and interests. It is agreed that I (or my student) will cooperate with the teachers and school if considered for enrollment in this dropout prevention program. I understand that I (or my student) must earn the privilege to remain in this program. If attendance, behavior, and academic performance are not satisfactory, I understand that a student can be dropped from the program. I have read all the deadlines on the previous page and agree to adhere to this timetable.

Student Name: _____

Student ID Number: _____ Grade Level: _____

Address: _____

Home Phone: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian E-Mail: _____

Alternate Phone or E-Mail for Parent/Guardian: _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

**** Please return this signed form to your school counselor.**

To be completed by Guidance Counselor only:

Student will need to be enrolled in:

Semester (1, 2 or both)

Course:

Course:

Course:

Credit Recovery Details:

Computer Lab Hours: Monday-Thursday 9:00-11:30

Week 1: June 2nd-5th

Week 2: June 9th-12th

Week 3: June 16th-18th (3-days)

Week 4: June 23rd-26th