



Date _____

AFTER-SCHOOL INDEPENDENT STUDY

CREDIT RECOVERY REFERRAL

Student Name: _____

Address: _____ City _____ State _____ Zip _____

Parent/Guardian: _____

Address _____

City: _____ State _____ Zip _____ Home _____

Home phone: _____ work phone _____ cell phone _____

Other phone _____ E-mail _____

Resident District _____ Last School District Attended _____

Grade _____ Birthdate _____ MARSS # _____

Does the Student have an IEP/504 Plan? _____ If so which one? _____

Person completing this form: _____

Expected start date for attending: _____

What classes will the student need to complete?

Items to include with referral:

- Transcript
- Immunizations form
- 504 Plan/IEP Cover page and Accommodations/Modification page

Vision Statement

Students Experiencing Success In School And Life