

Student Name _____

Enrollment Date _____

Springboro High School

Credit Recovery Academic Year 24-25

APPLICATION

Course Costs	Remit Payment to:
½ Credit Course: \$225 Full Credit Course: \$440 Extension fee: \$90 First Semester: Courses must be completed by December 15 th . Second Semester: Courses must be completed by May 15 th . Summer Session: Courses must be completed by June 20 th .	Springboro High School c/o Credit Recovery Director 1675 S. Main Street, Springboro, OH 45066 Phone: 937-748-6022 Website: www.springboro.org

NO REFUNDS

PRINT OR TYPE (please complete all blanks)

Date of Application _____

STUDENT INFORMATION:

Name _____ Date of Birth _____

Sex: M _____ F _____

Address _____
Street City State/Zip

Home Phone _____ Optional Phone _____
Include area code

Email _____

Current Grade Level _____

PARENT/GUARDIAN INFORMATION:

Name (1st Contact) _____ Relationship _____

Phone(s) _____

Email _____

IDENTIFY THE COURSE YOU ARE APPLYING TO COMPLETE IN CREDIT RECOVERY

→ Course _____ Credit _____

→ Course _____ Credit _____

REQUIRED SIGNATURES:

X _____
Signature of School Counselor, Administrator, Printed Name Date

X _____
Signature of Parent/Guardian Printed Name Date