

RCPS Summer School Credit Recovery

June 5 - June 23, 2017

Rockdale County High School

PRE-REGISTRATION FORM

Student Name: _____ Grade in 16-17 _____ School ID# _____

Home Address: _____ Cell Phone _____

Parent/Guardian Name _____ Relationship _____

Home Phone: _____ Alternate/Cell Phone _____ Email _____

Counselor Complete Section Below

Counselor Name: _____ Home School: ___ SHS ___ HHS ___ RCHS

Does this student have: ___ IEP ___ 504

Please check the credit recovery courses needed. Highlight classes that are a priority for scheduling (3 classes max) _____

Bolded courses require a Milestone EOC

English

___ 9A ___ **9B** ___ 10A ___ 10B ___ 11A ___ **11B** ___ 12A ___ 12B

Math

___ **Analytic Geometry A/B (1 Unit - \$200)** ___ Analytic Geometry A ___ **Analytic Geometry B** ___ **Analytic Geometry A/B****

___ **Coordinate Algebra A/B (1 Unit - \$200)** ___ Coordinate Algebra A ___ **Coordinate Algebra B** ___ **Coordinate Algebra A/B****

___ Advanced Algebra A ___ Advanced Algebra B ___

Social Studies

___ W. History A ___ W. History B ___ US History A ___ **US History B**

___ **Economics** ___ Government (12th) ___ Government A (9th) ___ Government B (9th)

Science

___ Biology A ___ **Biology B** ___ Physical Science A ___ **Physical Science B** ___ Chemistry A

___ Chemistry B ___ Environmental Science A ___ Environmental Science B

Other

___ Health

Counselor Signature

Date

Student Signature

Date