

**Box Elder School District
Credit Recovery Class Registration Form**

Student Name: _____

Date of Birth: _____

Address: _____

School: _____

Telephone #: _____

Grade: _____

Gender: Male Female

Language spoken other than English: _____

Racial Background: Black/African American White Hispanic American Indian Other

Circle those that apply: IEP 504 Plan ELL

½ Credit = \$60.00 *Please pay the amount below at time of enrollment.*
 ¼ Credit = \$30.00 *If enrolling at BRHS, make payment to Financial Sec. @ BRHS Main Office.*
 If enrolling at BEHS, make payment to DYHS.

Course	Amt. Credit	Cost	Amt. Paid	Date Paid	Receipt #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total amount owed to Dale Young Community High School: _____

**** All signatures must be signed below before student can enroll in the Box Elder Credit Recovery Program at DYCH****

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Counselor Signature: _____

Date: _____