

21ST CENTURY LEARNING ACADEMY/KIOWA COUNTY

Credit Recovery Enrollment Form

STUDENT INFORMATION

Last Name:	First Name:	Middle Name:
Birth Date:	Social Security Number:	
Gender:	Present Grade in School:	
Home Phone:	Cell Phone:	
Mailing Address:		
City:	State:	Zip Code:
What is the Primary Language Spoken in Your Home?		

Please list any other immediate family members that are currently enrolled in the 21 st Century Learning Academy	Name	Relationship
	1.	
	2.	
	3.	
	4.	

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:	Email Address:	
Home Phone:	Cell or Work Phone:	
Mailing Address:		
City:	State:	Zip Code:
Employer:	Work Phone:	

EMERGENCY CONTACT INFORMATION

In the event of an emergency, we will attempt to contact the parent/guardian first. If we are unable to do so, please provide the name of your doctor and a relative or close friend.

Doctor's Name:	Phone:
Name of Emergency Contact:	Relationship to Student:
Home Phone:	Cell or Work Phone:

CREDIT RECOVERY COURSE INFORMATION

Name of Course(s) to Retake:		
Date Course Needs to be Completed:		
Are you graduating during the 2017-2018 school year?	YES	NO

21ST CENTURY LEARNING ACADEMY/KIOWA COUNTY

Credit Recovery Enrollment Form

EDUCATION INFORMATION (Please Answer **ALL** Questions)

Are you re-enrolling with our Program?	YES	NO
What is the name of the school you currently attend?	_____	
What is the address of the school you currently attend?	_____	
What is the phone number of the school you currently attend?	_____	
What is the FAX number of the school you currently attend?	_____	
Do you currently receive Special Education services?	YES	NO
If "YES", in what area(s) do you receive services?		

RACE AND ETHNICITY (Note: Both Part A and B of the question must be answered.)

Is this student Hispanic/Latino? (Choose only one)

Part A: **No, not Hispanic/Latino**
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

What is the student's race? (Choose one or more)

Part B: **American Indian or Alaskan Native** (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)
 Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
 Black or African American (A person having origins in any of the black racial groups of Africa.)
 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

I attest that the information contained herein is correct to the best of my knowledge.

Student Signature

Date

Parent/Guardian Signature

Date

School Administrator or Counselor Signature

Date

School Administrator/Counselor Printed Name

School Administrator/Counselor Phone Number

School Administrator/Counselor Email Address

School Name and Address

➔ \$100 PER EACH ½ CREDIT HOUR ➔

NO REFUNDS WILL BE GIVEN ONCE ENROLLMENT IS COMPLETE!

PLEASE PROVIDE PAYMENT WITH YOUR ENROLLMENT

CHECK OR MONEY ORDER ONLY!