



George Washington Carver High School
Online Extended Semester Credit Recovery (OESCR)

Registration Form 2011-12

This form must be returned to your teacher by December 19, 2011.

Name (Please Print): _____ Current Grade: _____
Home Address: _____ Home Telephone #: _____
Student Cell Phone #: _____
Parent/Guardian Name (s): _____ Who do you live with? _____
Parent Cell Phone #: _____ Other Parent Cell Phone #: _____
Parent Employer and Phone #: _____ Other Parent Employer & Phone #: _____
Emergency Contact Name: _____ Emergency Contact Phone #: _____
Medical Conditions/Allergies: _____

Please **CIRCLE** the course of which you would like to extend the semester. You can only extend the year for **ONE** course.

English I

Math III

US Government

English IV

Math IV

Biology

Math II

US History

Physical Science

We have read and fully understand the guidelines for Online Extended Semester Credit Recovery.

Student Signature _____

Parent Signature _____ Date _____

The above student's has my approval to enroll in OESCR.

Teacher of Record Signature _____ Date _____