



Student Information

Student **First** Name:

Student **Last** Name:

Username: (Your school email address will be your username)

Password:

State Student ID (SSID):

Student Graduation Year:

Student School Email:

Current IEP or 504: yes no

District:

School:

Parent Information

Parent **First** Name:

Parent **Last** Name:

Parent Email:

Parent Phone:

Counselor Information

Counselor First Name:

Counselor Last Name:

Counselor Email:

	Subject	Quarter					Content			
		When the course will be taken					Which part of the course will be taken.			
Course 1: Credit Type Original Recovery Summer		SU	Q1	Q2	Q3	Q4	A	B	C	D
Course 2: Credit Type Original Recovery Summer		SU	Q1	Q2	Q3	Q4	A	B	C	D
Course 3: Credit Type Original Recovery Summer		SU	Q1	Q2	Q3	Q4	A	B	C	D
Course 4: Credit Type Original Recovery Summer		SU	Q1	Q2	Q3	Q4	A	B	C	D
Course 5: Credit Type Original Recovery Summer		SU	Q1	Q2	Q3	Q4	A	B	C	D
Course 6: Credit Type Original Recovery Summer		SU	Q1	Q2	Q3	Q4	A	B	C	D