Hamilton Online/Credit Recovery Enrollment Form

Please Print Clearly

Date_____/_____/_____ **Student Name**_____

UIC _____ **Birthdate** ____/_____/_____ **Age**_____ **Current Grade** _____

MM   DD   YYYY

Does the student have an IEP? ☐ Y ☐ N **Contact Teacher**_____

COURSE INFORMATION:

_____   _____
Name of Course   **Course #**

Vendor (Circle One)   HCS   Michigan Virtual   e2020   GenNET   Other_____
Course List for Michigan Virtual can be viewed at [www.mivhs.org]
Course List for GenNET can be viewed at [www.gennet.us]
NOTE: Course must meet HCS Technology Requirements and is subject to approval by the Counseling Office.

*
_____
Counselor Signature

(Shaded area to be filled out by Online Coordinator)

Length of Course (Circle One)   Trimester   Semester   Other_____

_____/_____/_____   _____/_____/_____   _____ _____
Start Date   End Date   Subject Area   Credits

_____   _____
Course Fee   **Textbook Fee**

Technology
Requirements_____

_____

Title_____

_____

Author_____

Edition_____

ISBN

IMPORTANT! Please see other side for additional information.

Payment Information:

IMPORTANT (Please read this disclaimer, sign in the space provided, and return this form to the school counselor.

The student, parent, or guardian will bear the cost of the online course and required materials if the student fails to complete the course with a passing grade or to drop the course by the ending date required for the school to receive a 100% refund of all costs attributed to the registration.

If the student is enrolled in an e2020 course for Credit Recovery, all work related to the course must be completed within 12 weeks of the student's start date. If the work is not completed, the student must re-enroll and pay an additional $125.00 to continue to work towards completion.

I have read the above disclaimer and I understand these requirements.

* _____
Signature of Parent/Guardian/Individual financially responsible for payment

* _____
Print Name – Please Print Clearly

* _____
Parent/Guardian Email – Please Print Clearly

* _____
Parent/Guardian Day Time Phone – Please Print Clearly

* ☐ **Check and initial _____if there is no cost to student – Administrator**

Total Cost $_____

Amount Pd $_____ Cash _____ Check No._____

Balance $_____

***Indicates Required Information**

For Online Coordinator:

Start Date _____ End Date _____

Email _____ Email _____