



“How can the BCCHS Credit Recovery Program help me?”

In-Class Credit Recovery

Students will enroll for this class during the next scheduling window and take the class during the school day as part of their schedule.

Students will...

1. Inform Counselor of need to take a Credit Recovery Class
2. Schedule Credit Recovery class as a class for the following year.
3. Pay fees at time of enrollment.

Fee Structure
\$50 per seat

Free/Reduced Lunch Students
\$25 per seat

Independent Credit Recovery

Work is done independently outside of the school day. Students can enroll at any time if space is available.

Students will...

1. Meet with counselor
2. Enroll with Mr. Goggin
3. Pay fees at time of enrollment.

Fee Structure
\$100 per seat

Free/Reduced Lunch Students
\$50 per seat

Summer School Credit Recovery

Students can enroll in May once the Summer School schedule is announced.

Students will...

1. Meet with counselor
2. Enroll with Mr. Goggin
3. Pay fees at time of enrollment.

Fee Structure
\$100 per seat

Free/Reduced Lunch Students
\$50 per seat

Student/Parent Contract

I, _____, understand that following in regards to the BCCHS Credit Recovery Program...

- I understand that progress will be checked on a weekly basis and failure to make steady progress will result in removal of the program with NO REFUND.
- I understand when it is time for a mid-term or final exam that I must make arrangements with the Credit Recovery Coordinator and take these assessments at school.
- I will put forth good faith effort weekly and realize it is an expectation that I will finish my credit within the allotted time.
- I understand that if I do not finish the credit in the allotted time, I will be required to pay the additional fee.
- I understand all fees for the Credit Recovery Program are non-refundable.
- The maximum score I can attain for this class is limited to a 70%.
- If the class fees cannot be paid in full at the beginning of the class, the counselors and Mr. Goggin can arrange a payment plan for you.

Student Signature

Parent Signature

Start Date

Parent Email

ONCE CONTRACT IS COMPLETED, RETURN THIS FORM TO YOUR COUNSELOR.

To be filled out by your Counselor

Class to be recovered _____ (Failing %) _____ Counselor's Initial _____