

Chilton County High School  
Summer School Enrollment Form

Start Date for All Students: **June 4, 2018**  
Daily Time for All Students: **8:00 AM to 2:00 PM**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

**Students may attempt to recover two credits, but one credit must be completed before attempting the next. All students will start on June 4, 2018.**

Please circle the course(s) you will be taking in summer school:

- |   |                          |
|---|--------------------------|
| Math 7, 8                                 | History 7                |
| Algebra I                                 | World History            |
| Algebra II                                | US History I             |
| Geometry                                  | US History II            |
| English Language Arts 7, 8, 9, 10, 11, 12 | US Government/ Economics |
| Science 7, 8                              | General Biology          |
| Physical Science                          | Chemistry                |

Notes:

- TUITION COST IS **\$300.00** FOR EACH COURSE  
Cash, Certified check, or Money Order; No Personal Checks
- SCHOOL APPROVAL FORMS AND \$300.00 ARE DUE **MAY 31<sup>st</sup>**  
(FORMS: Enrollment Form and Credit Recovery Student Registration Form)
- TUITION IS NON-REFUNDABLE. Registration will be held at the **Board of Education** on **May 30<sup>TH</sup> from 9:00 – 12:00pm** and **May 31<sup>ST</sup> from 1:00 – 4pm.**
- CALL MR. KELVIN BOULWARE at 205-280-2919 IF YOU HAVE QUESTIONS.

I am aware that Credit Recovery courses are NOT accepted by the NCAA for eligibility purposes.

**Parent's Signature:** \_\_\_\_\_ **Student's Signature:** \_\_\_\_\_

This student is eligible for summer school according to the Chilton County Credit Recovery Plan.

**Principal's Signature:** \_\_\_\_\_

The credit recovery form (**Attachment B**) has been completed by the parent & student to reflect emergency contacts, any prescriptions, and medical conditions. A "**Failure Report**" has been submitted by the teacher(s) for each course.

**Counselor's Signature:** \_\_\_\_\_

**Central Office Checklist**

\_\_\_\_ **Receipt Number**

\_\_\_\_ **Enrollment Form**

\_\_\_\_ **Attachment B**