

Morris Hills Regional District Adult High School
Out-Of-District Credit Recovery
Program Procedures

1. The guidance counselor of the sending district identifies student in need of the Adult High School Credit Recovery Program (CRP) (specs on registration form).
2. Supervisor of Guidance submits candidates to be reviewed by Chief School Administrator of their district.
3. Chief School Administrator signs Agreement of Participation form.
4. The signed Agreement of Participation along with Student Credit Recovery Program registration form and student's official transcript and any disciplinary records will be sent to the Morris Hills Regional Adult High School Coordinator's office at:

MHRD Adult High School
50 Knoll Drive
Rockaway, NJ 07866

- a) Alternatively, the student could bring all aforementioned forms with them at the time of registration or all forms could be faxed to (973) 586-3550.
- 5) The Adult High School Coordinator will have these records reviewed by the Chief School Administrator and Principal of the MHRD Adult High School and signed, if acceptable.
- 6) The Coordinator will develop a schedule for the CRP student.
- 7) Progress reports and final grades will be sent to each school's Supervisor of Guidance. A final end of semester report will be distributed to the Supervisor of Guidance at each school.
- 8) Credit Recovery students who are enrolled in Semester 2 must complete all work including final exams no later than the first week of June in order to be granted course credit(s).
- 9) Supervisors of Guidance must notify Adult High School Coordinator of withdrawals from school/program.

Morris Hills Regional Adult High School
Credit Recovery Program
Chief School Administrator
Agreement Letter

As Chief School Administrator of _____ High School, I agree
(School Name)

to allow _____ to take the following course(s) at
(Student Name)

MHRD Adult School for the **FALL** **SPRING** semester of **2019-2020** school year.

(Select One)

1. _____
2. _____

I understand that the student will not be able to take more than 10 credits per semester at your institution and that the fee you have established of **\$195.00** per course will be charged to the student.

The participating student's complete academic and disciplinary records have been forwarded to the Morris Hills Regional District.

Chief School Administrator
Sending District

James Jencarelli
Chief School Administrator
Receiving District

Morris Hills Regional Adult High School
Credit Recovery Program
Student Registration Form

Demographic Information

Semester [-A } ! [|| { ^ } d ~~~~~ / ~~~~~] ! a * ~~~~~ Year of Enrollment: _____

Student Name: _____ Sex: Male Female

Address: _____
(Street) (City) (State) (Zip)

Phone (H): _____ Phone (C): _____

Parent Email: _____ @ _____

Student Email: _____ @ _____

Current Grade Level: Freshman Sophomore Junior Senior

School Information

Current School: _____

School Address: _____
(Street) (City) (State) (Zip)

Guidance Counselor: _____ Counselor Email: _____

Course Information

Requested Courses: 1) _____ 2) _____

Reason for Enrollment (attendance, non passing grade. etc.):

By signing below, I certify that I have read and understood the conditions of the Credit Recovery Program as outlined on the Program Procedures. I further understand that failure to comply with these and all other Adult High School regulations are grounds for removed from the program.

Parent Signature _____ Student Signature _____

Supervisor of Guidance _____ AHS Coordinator _____