



2016 CREDIT RECOVERY FORM (Dual & Joint Enrollment)

(Continued on 2nd page)

Student Information

Full Name: _____
Address: _____
Phone Number: _____
Social Security #: _____
Date of Birth: _____

Current Enrollment

School Name: _____
Address: _____
Phone Number: _____
Fax #: _____

Student Request:

_____ I request to take a course(s) at BaSix Knowledge Academy (Credit Recovery Program) and transfer the credit(s) to my current school of enrollment upon satisfactory completion of that course(s).

Reason for request: _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____



Credit Verification Form

Suggested Courses & Units Needed: (See basixknowledge.com for list of courses offered.)
All core courses will count (.5) in units and electives are (1) full unit.

Initials

_____	Course: _____	Unit: _____
_____	Course: _____	Unit: _____
_____	Course: _____	Unit: _____
_____	Course: _____	Unit: _____

Additional Comments:

Counselor's Name: _____

Counselor's Signature: _____ Date: _____

Enrollment Without Counselor Signature: BaSix Knowledge Academy is not held liable if courses above are not verified with Counselor. Furthermore, as the parent/guardian you are agreeing to and giving BaSix Knowledge Academy permission to administer courses above.

Official Transcripts are requested without counselor/administrator's signature.

Parent's Signature _____ Date: _____

BASIX KNOWLEDGE ACADEMY'S PERSONNEL

Administrator's Signature _____ Date _____

Comments: _____
