

Credit Recovery
Student Application
Southside High School

LOCATION: Southside High School - 4100 Gary Street - Fort Smith AR 72903

PLEASE PRINT ALL INFORMATION

Name _____
 Last First M.I.

School ID# _____ Birth date _____

Sex (Circle one) M F Ethnic Code (Circle one) W B A I Multiple

Address _____

City/State/Zip _____

Emergency Contact: _____
 Name Relationship

Phone (4-7 pm) _____

Health Information: _____

Home School: Southside			
<input type="radio"/>	Full Time + TBS		
<input type="radio"/>	TBS ONLY		
<input type="radio"/>	Diploma Complete (this session)		
<input type="radio"/>	Odysseyware (Learning Skills)		
Grade:	9	10	11 12

I understand THE BASIC SCHOOL is a school of choice designed to help me fulfill the requirements I need to graduate. It is my choice to attend THE BASIC SCHOOL. **I also understand there are no excused tardies. A tardy is considered an absence. There are no excused absences. Three absences result in being dropped from the class. ****Students dropped for attendance will be given "as available" status for future enrollment******

I also understand that Odysseyware/Learning Skills is a self-paced computer based course that may require the loss of an elective. I further understand that to receive credit for the class I must complete 100% of the course work with a 60% pass rate and successfully complete the final exam.

 Student Signature

 Date

TO BE COMPLETED BY SCHOOL COUNSELOR

Courses Required (List course titles in priority)	Semester (Circle)	Note: <i>Incomplete applications will be returned to the counselor</i>
_____	1 2	
_____	1 2	
_____	1 2	
_____	1 2	
_____	1 2	
_____	1 2	

Principal's signature required for courses the student has not previously failed
Principal's Signature _____

Attendance History: _____

Discipline History: _____

 Counselor's Signature Date

Office Use Only: TBS _____ Odysseyware/Learning Skills _____ Other _____ Title I _____