

**GREENWOOD SCHOOL DISTRICT 50
GENESIS ACADEMY
CREDIT RECOVERY PROGRAM
STUDENT APPLICATION**

Please submit to the guidance department.

Date: _____ Grade _____

Student Name: _____ School _____

Parent Name: _____

Address : _____

Home Phone: _____ Work Phone _____

Parent Cell: _____ Student Cell: _____

Afternoon Credit Recovery Classes - List the specific course title requested next to the subject area.

○ English: _____

○ Math: _____

○ Science: _____

○ Social Studies: _____

Parent's Signature: _____ **Date:** _____

Student's Signature: _____ **Date:** _____

Guidance Counselor's Signature: _____ **Date:** _____

Principal's Signature: _____ **Date:** _____