

St. Lucie County School District



**PORT ST. LUCIE HIGH SCHOOL CREDIT RETRIEVAL OPPORTUNITY**

To Credit Lab:

The following student has (please indicate all that apply):

- \_\_\_ Not yet passed FCAT Reading
- \_\_\_ Failed or earned a D in \_\_\_\_\_ in \_\_\_\_\_
- \_\_\_ Needs to take \_\_\_\_\_ to graduate (Admin approval \_\_\_\_\_)
- \_\_\_ Should be in \_\_\_\_\_ grade (currently has \_\_\_\_\_ credits)

Please enroll the student in ALS for:

Subject: \_\_\_\_\_  
 Semester: \_\_\_\_\_  
 Course Code: \_\_\_\_\_

From: Guidance Counselor \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

To Student: \_\_\_\_\_ DOB \_\_\_\_\_ ID \_\_\_\_\_

You have been selected to earn retrieval credits in room 215. As well as the opportunity to make up credits, you will also earn course credit for the class (Reading or Research). This is a privilege and many students in the school (who are making up credits @ IRSC or FLVS) would like your spot.

Your goal for completing this course is \_\_\_\_\_.

Unexcused absences and discipline referrals are unacceptable for this class and will result in removal from the class.

I understand and accept the goal date, rules and regulations for this class:

\_\_\_\_\_  
 Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please file a copy in the student's Guidance folder

To Guidance Counselor:

The above student has completed the course listed below and the completion form has been submitted to the registrar \_\_\_\_\_ (date) for inclusion on the transcript. Please file this in the student's folder. Thanks.

\_\_\_\_\_  
 Credit Lab Teacher \_\_\_\_\_ Date \_\_\_\_\_