



East Aurora Night School

Credit Recovery Registration Form



Student Name: _____ Grade: 9 10 11 12

ID# _____ Student Phone Number: _____

Course to be taken _____

V code of course _____

Counselor Signature _____

Please mark your preferred session

_____ **Monday, Tuesday, Wednesday Thursday (3:15 – 5:00)**

_____ **Tuesday/Wednesday (5:00-8:00)**

-----**eLearning Memorandum of Understanding**-----

Students are to attend each of their assigned classes until their course is 100% complete

- On the 3rd absence student will be dropped and will not receive reimbursement for course.

All courses are to be completed by the end of the Semester

-----Receipt of Payment and Acknowledgement-----

Payment Received: Cash ☐ Check ☐ Check # _____

Payment Collector Signature: _____

Student Signature: _____

Student signature acknowledges students responsibility to attend eLearning classes and follow school rules. If night school student is dropped for poor attendance or poor behavior there will be NO refund and course will not be allowed to be restarted. Student will only work on one class at time. Registering for a class does not guarantee that the class will be finished by the end of the Semester.