

DATE: \_\_\_\_\_



**Credit Recovery Registration Form**

**June 24, 2024 – July 25, 2024**

**Stanton Middle School**

**1800 Limestone Road, Wilmington, DE 19804**

**COST: \$325.00 per class**

**(2 class maximum)**

Student Name: \_\_\_\_\_  
*Last First Middle Initial*

Student ID: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*MM-DD-YYYY*

Grade Level: \_\_\_\_\_ (past school year) Grade Level: \_\_\_\_\_ (next school year)

School Attended this past school year (2023-2024):  
\_\_\_\_\_

School expected to attend this fall (2024-2025):  
\_\_\_\_\_

Summer School Course 1 \_\_\_\_\_ Credits: \_\_\_\_\_

Summer School Course 2 \_\_\_\_\_ Credits: \_\_\_\_\_

Transportation Needed? Yes \_\_\_ No \_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address:  
\_\_\_\_\_ Street Apt. #

\_\_\_\_\_ City State Zip Code

Parent/Guardian Signature: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
<b>Total Due \$</b>	
Method of Payment: Credit / Money Order / Cash	Receipt # _____
Amount Paid: \$ _____	Credit Card Transaction # _____
<b>Balance Due: \$ _____</b>	<b>Remaining Balance Due: \$ _____</b>
<b>Payment Plan Balance Due Date: July 15, 2024</b>	

DOE HomeSchool Name \_\_\_\_\_ Does student have a current IEP/504? Yes \_\_\_ No \_\_\_

DOE HomeSchool # \_\_\_\_\_ IEP Copy Received? Yes \_\_\_ No \_\_\_