

CREDIT FLEXIBILITY APPLICATION - SHORT FORM

Testing Out and Online Options 2018-2019

Student Name: _____

Current Grade: _____ Expected Year of Graduation: _____

Credit Flexibility Option

Please select only **ONE** option per application.

Testing Out

Content Area / Subject

Credits Sought

Online Advanced Credit

Content Area / Subject

Credits Sought

Organization Providing the Content

Accreditation Agency

Resources requested from Fairfield City Schools to support an IEP/504 plan:

To the STUDENT:

Please read the following statements and then **INITIAL** next to the statements indicating that you have read and understand the policies related to Credit Flexibility.

I understand that:

_____ If my credit flexibility proposal is accepted, I will earn a numeric grade based upon Fairfield High School's grading scale. (Note special circumstances for the Test Out option.)

_____ The grade that I earn will appear on my transcripts.

_____ Credit will be granted at the end of the Fairfield City School District's grading period for all flexible credit courses.

_____ Weighted credit cannot be obtained through a flexible course.

_____ I may not drop a flexible credit course after the drop date without receiving a failing grade.

For a class lasting two semesters, this date is _____.

For a class lasting one semester, this date is _____.

(Established by Guidance Counselor)

_____ If I drop a flexible credit course after the drop date, I assume all financial responsibility associated with that course.

_____ Academic honesty rules apply just as they do in a traditional class setting.

August 1, 2012

_____ Many traditional classes are offered at various times throughout the year at Fairfield City Schools and I have discussed with my guidance counselor how the outcome of this flexible credit class will impact any traditional classes I subsequently take and/or my ability to schedule other courses.

_____ I must meet attendance requirements set forth by Fairfield City School District.

_____ I am not to be in the building during times that I am not scheduled for a traditional or Credit Flexibility class unless I have a scheduled appointment with teachers, counselor, or administrators regarding my flexible credit course.

_____ I am responsible to ensure that I have met graduation requirements by established deadlines to participate in senior graduation.

_____ I will participate in the traditional scheduling process with all students. The schedule of classes established during this process will not change until my credit flexibility proposal has been accepted.

_____ Students wishing to “Test Out” of a course will be required to demonstrate mastery on a comprehensive exam identified by the Fairfield City School District. The student must earn an 80% or above on the exam to receive credit for the course. The student may **not** retake the test to attempt to earn an improved score once the 80% level has been obtained. The student who initially earns a score below 80% may retest only one time in a given subject area; the retest may not occur in the same semester.

_____ Fees or costs associated with this credit flexibility option for the student: \$_____ (Established by Guidance Counselor)

_____ Payment should be made following the approval of a Credit Flexibility Plan and prior to the start of any course work.

Your signature indicates that you have discussed the above statements with your parents, understand the commitment you are endeavoring to make, and agree to the policies set forth by Fairfield City School District. Your signature also holds harmless the school of any liability during times in which you are not required to be at school due to this flexible credit proposal, should it be accepted.

Signature of Student

Date

To the PARENT / GUARDIAN:

Please read and discuss the above policies with your student. Your signature indicates that you have read the above statements and agree to the policies set forth by Fairfield City School District. Your signature also holds harmless the district of any liability for your son / daughter during times in which your student is not required to be at school due to this flexibility credit proposal, should it be accepted.

Signature of Parent

Date

OFFICE USE ONLY

Student Name: _____

Date Submitted: _____ Approved: _____ Denied: _____

Comments:

Date Resubmitted: _____ Approved: _____ Denied: _____

Comments:

Teacher of Record for This Credit Flexibility Course: _____

Final Grade for Credit Flexibility Course: _____ (Please attach all artifacts for the course)

Comments:

School Counselor: _____ Date: _____

Fees:	
This Credit Flexibility Plan is	_____ WITHIN the Normal School Day _____ OUTSIDE of the Normal School Day
Cost to Parent / Student (Completed by Guidance Counselor)	_____ None _____ Cost for the Course _____ Cost for Consumable Items _____ Total Cost for Parent / Student
Cost to FCSD for Testing Out (Completed by Administrator)	_____ Creation of Assessment _____ Administration/Proctor/Scoring _____ Purchased Assessment
Cost to FCSD for Online Option (Completed by Administrator)	_____ Total Cost