COMMUNITY HIGH SCHOOL DISTRICT 218
Alternative to Recovering Credits (ARC)
Student Registration Form

To register, complete this form. Attach a check for the total, payable to Community High School District 218 ($50.00 for .5 credit) Return it to your counselor. You are responsible for completing the coursework. NO REFUNDS WILL BE GIVEN FOR INCOMPLETE CREDITS.

Date _____ Semester Attending: Fall Spring Summer

_____ _____ Male Female
Student I.D. Student Name (last, first, middle initial) (Circle One)

_____ _____
Parent/Guardian name (last, first) Home Phone

_____ _____
Home Address Father's Work Phone

_____ _____
City Zip Code Mother's Work Phone

_____ _____
Parent's email Parent's Cell Phone

_____ _____ Credits to Date: _____
Home School Counselor
Scheduled Credits: _____

_____ _____ Credits Deficient: _____
Counselor's ext. Counselor's email

Apex Course Level (Core or Comprehensive)	**Course Name**	**Credit**	**Tuition**
			$
			$
			$
			$
		Total Amount	$

I understand that all rules, regulations and procedures in the *Student Discipline Handbook* will apply. I will also understand that I am responsible for providing my own transportation.

_____ _____ _____ _____
Parent/Guardian Signature Date Student Signature Date

_____ _____
Principal/Associate Principal Date