

APPLICATION FOR CREDIT RECOVERY

SCHOOL _____

Last name _____ First name _____ MI _____

Parent/Guardian name _____

Parent/Guardian address _____

Your address (if different from above) _____

Your home phone _____ Parent/Guardian cell phone _____

Your cell phone _____ Your E-mail address _____

Physician's name _____ Phone _____

Insurance policy _____

**IN THE EVENT OF AN EMERGENCY AND I CANNOT BE
REACHED, I GIVE THE TEACHERS PERMISSION TO SIGN
CONSENT TO TREAT FORMS OR DO FIRST AID AS NEEDED.**

Signature of parent/guardian