

# EDUCATION RECONNECTION CREDIT RECOVERY REGISTRATION



## TO BE COMPLETED BY SCHOOL STAFF

Date:	Student's Name:
School:	Phone Number:

### EDMENTUM COURSE(S) RECOMMENDED

Prioritize classes in order needed for graduation.

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Does the student have an I.E.P. or 504 Plan? <i>(If yes, please attach the most recent document)</i>	Yes No	Does the student have an EDP? <i>(If yes, please attach the most recent document)</i>	Yes No
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Counselor's Signature:	Date:
Counselor's Printed Name:	

If you have any questions, please call (269) 775-1660 or email [onika.powell@kresa.org](mailto:onika.powell@kresa.org)

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KRESA Staff Signature:	Date:
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