



## WESLEY CHAPEL HIGH SCHOOL

30651 Wells Road, Wesley Chapel, FL 33545  
813-794-8700 FAX: 813-794-8791

Principal, Matt McDermott

M. Katherine Hale  
Assistant Principal

Erik Hermansen  
Assistant Principal

Rebecca Jarke  
Assistant Principal

Stephanie Koslin  
Assistant Principal

January 2019

Re: After School Credit Recovery Opportunity Starting Monday, February 4th

Dear Parent,

If you are receiving this letter, your child may be off track towards meeting graduation requirements. In such, Wesley Chapel High School is offering an after school credit recovery opportunity starting on Monday, February 4<sup>th</sup>. In this credit recovery program your child will work on recovering missing required graduation credits, and/or retaking courses in order to try to raise their graduation GPA to above the required 2.0.

This after school credit recovery program will take place every Monday and Wednesday (starting on 2/4), from 245-445pm, at Wesley Chapel High School, and offer credit recovery in Math or Social Studies. If your child can attend, please fill in only your **student's name, student ID #, PARENT SIGNATURE, PHONE # AND EMAIL**, on the registration form on the back of this letter. Then please return it ASAP to Mr. Dillinger, your child's school counselor, in the student services office. Registration forms can also be photographed or scanned and emailed directly back to Mr. Dillinger, if more convenient.

Once Mr. Dillinger receives the form, he will evaluate to see what course your child needs to be enrolled in for the after school credit recovery opportunity. Please note that unfortunately NO transportation is available for this opportunity, so pick-up transportation would need to be provided every Monday and Wednesday at 445pm. Also, seats for this opportunity will be limited, so openings will be offered on a first-come-first-served basis, and it is therefore critical to register your child asap. If you have questions or concerns please contact Mr. Dillinger directly.

Thank You!

Chris Dillinger  
10<sup>th</sup> Grade School Counselor  
[cdilling@pasco.k12.fl.us](mailto:cdilling@pasco.k12.fl.us)  
(813)794-8742



DISTRICT SCHOOL BOARD OF PASCO COUNTY  
CO-ENROLLED ADULT EDUCATION CLASS REGISTRATION FORM

MIS Form # 615  
Rev. 11/16

NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

LAST FIRST M.

ADDRESS: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT E-MAIL: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ MM/DD/YYYY

**REGISTRATION/WITHDRAWAL DATA**

**Base School East:**  
LOLHS 0601 \_\_\_ PHS 0031 \_\_\_ SLHS 0101 \_\_\_ WCHS 0063 \_\_\_ WRHS 0090 \_\_\_ ZHS 0131 \_\_\_  
AHS 0113 \_\_\_ FHS 0114 \_\_\_ GHS 0331 \_\_\_ HHS 0521 \_\_\_ JMHS 0073 \_\_\_ MTC 0991 \_\_\_ RHS 0931 \_\_\_ RRHS 0471 \_\_\_

**Center Enrolled East:**  
LOLHS 8601 \_\_\_ EPAE 8081 \_\_\_ PHS 8031 \_\_\_ SLHS 8101 \_\_\_ WCHS 8063 \_\_\_ WRHS 8090 \_\_\_  
ZHS 8131 \_\_\_  
**Center Enrolled West:**  
AHS 8113 \_\_\_ FHS 8114 \_\_\_ GHS 8331 \_\_\_ HHS 8521 \_\_\_ JMHS 8073 \_\_\_ MTC 8991 \_\_\_ RHS 8931 \_\_\_  
RRHS 8471 \_\_\_

Base School (Non District School) \_\_\_\_\_  
First Time Student Enrolled in Adult Education: Yes \_\_\_ No \_\_\_  
Base School Pasco Center: East - JIEC 7071 \_\_\_ West - HSEC 0242 \_\_\_

**TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR**

**COURSE TO BE REPEATED**  
(Complete this box only if course was previously taken with a D or F grade)

COURSE TITLE	COURSE #	TEACHER	SEM	YEAR

**ADULT EDUCATION COURSE TO BE TAKEN**

COURSE TITLE	COURSE #	ADULT ED TEACHER	DAY	TIME	ROOM	CR
						0.5

Grade forgiveness for all courses will be limited to replacing a semester grade of D or F with a semester grade of C or higher.

GUIDANCE COUNSELOR: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

The District School Board of Pasco County provides services for persons with documented disabilities. If you would like additional information on how to access these services, please notify your guidance counselor prior to enrollment.

**AFFIDAVIT:** I hereby certify that the information on this registration is correct to the best of my knowledge. By signing, I am giving my permission for use of this data included herein in managing the program for which I am registered. I agree to abide by the Adult Education Policies and Procedures on the back of this form.

STUDENT SIGNATURE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_  
ADMINISTRATOR: \_\_\_\_\_ PARENT E-MAIL: \_\_\_\_\_  
DATE: \_\_\_\_\_

COURSE TITLE	SEC #	STUDENT ENTRY DATE	DATA ENTRY DATE	CLERK

DISTRIBUTION: White - Data Entry; Canary- Adult Education Secretary; Pink-Student