



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 already be enrolled in a credit recovery (APEX) program during their regular school day. In this credit recovery program, your child should currently be working 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. If your child already requires such a credit recovery program during the regular school day, chances are they would ALSO benefit from an additional credit recovery opportunity after school, starting on Monday, February 4th. However, if your child is NOT already enrolled in the daytime APEX recovery program, BUT is off-track with credits and/or GPA, this opportunity is especially critical!

This after school credit recovery program will take place every Monday and Wednesday (starting on 2/4), from 2:45-4:45pm, 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 Mrs. Richter (APEX credit recovery teacher), or your child's school counselor in the student services office. Registration forms can also be photographed or scanned and emailed directly back to your child's school counselor, if more convenient.

Once your child's school counselor receives the form, they 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 4:45pm. 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 your child's counselor directly.

Krisitna Kiser
11th Grade School Counselor
kkiser@pasco.k12.fl.us
(813)794-8724



NAME: _____
LAST FIRST M.
PHONE: () _____

ADDRESS: _____

STREET	CITY	STATE	ZIP
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STUDENT E-MAIL: _____ GRADE: _____ BIRTH DATE: _____
MM/DD/YYYY

REGISTRATION/WITHDRAWAL DATA

Base School East:

LOLHS 0801__ PHS 0031__ SLHS 0101__ WCHS 0063__ WRHS 0090__ ZHS 0131__

Center Enrolled East:

COLHS 8801__ EPAE 8081__ PHS 8031__ SLHS 8101__ WCHS 8063__ WRHS 8090__
ZHS 8131__

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

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: _____ DATE: _____

SIGNATURE _____

SIGNATURE

PRINT NAME

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



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Patti Taylor
12th Grade School Counselor
ptaylor@pasco.k12.fl.us
(813)794-8714



NAME: _____ PHONE: () _____

LAST FIRST M.

Present ID

STREET	CITY	STATE	ZIP
ADDRESS:			

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

REGISTRATION/WITHDRAWAL DATA

Base School East:

Base School East:
 LOLHS 0801__ PHS 0031__ SLHS 0101__ WCHS 0063__ WRHS 0090__ ZHS 0131__

Center Enrolled East:

Center Enrolled East:
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COURSE TITLE	COURSE #	ADULT ED TEACHER	DAY	TIME	ROOM	CR
						0.5

GUIDANCE COUNSELOR: _____ DATE: _____

SIGNATURE

PRINT NAME _____

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PARENT SIGNATURE:

PARENT E-MAIL: _____

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