

Online Courses for Middle and High School Students

Credit Recovery Available Year Round



APPLICATION

***Please note the change in cost**

***The cost for a ½ credit license is \$240. That license is active for 90 calendar days.**

***Each additional ½ credit is \$130 during that same 90 day period.**

Please note that the course will expire at midnight the day before your end date.

NO REFUNDS

Part A = 1st Semester (.5 credit)

Part B = 2nd Semester (.5 credit)

IMPORTANT NOTE: It is your responsibility to contact Warren County ESC when you are ready to have another semester or course activated. This is not an automatic process.

PRINT OR TYPE (please complete all blanks)

Date of Application _____

STUDENT INFORMATION:

Name _____ Date of Birth _____

Sex: M _____ F _____

Address _____
Street City State/Zip

Home Phone _____ Optional Phone _____
Include area code

Email _____

Current Grade Level _____ School District _____

PARENT/GUARDIAN INFORMATION:

Name (1st Contact) _____ Relationship _____

Phone(s) _____

Email _____

Name (2nd Contact) _____ Relationship _____

Phone(s) _____

Email _____

Acceptable forms of payment:

Check or money order payable to Warren County ESC (no bank cards, credit cards) **NO REFUNDS**

RETURN TO:

Pat Paré c/o Dawn Schroeder
WARREN COUNTY EDUCATIONAL SERVICE CENTER
1879 Deerfield Road, Lebanon, OH 45036
Phone: 513-695-2900, ext. 2925 (Pat) or ext. 2980 (Dawn)
Website: www.warrencountyesc.com

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Student's Name _____ Today's Date _____

COURSE SELECTION(S)

***Please note the change in cost**

***The cost for a 1/2 credit license is \$240. That license is active for 90 calendar days.**

***Each additional 1/2 credit is \$130 during that same 90 day period.**

Please note that the course will expire at midnight the day before your end date.

NO REFUNDS

Part A = 1st Semester (.5 credit)

Part B = 2nd Semester (.5 credit)

IMPORTANT NOTE: It is your responsibility to contact Warren County ESC when you are ready to have another semester or course activated. This is not an automatic process.

PLEASE LIST COURSES IN PREFERENCE OF START DATE (one course/one semester started at a time to allow ample time to complete lessons)

→ Course #1 _____ Part A and/or B _____

Grade Level _____ Credit _____ Indicate Original or Failed Course: O F
(circle one)

→ Course #2 _____ Part A and/or B _____

Grade Level _____ Credit _____ Indicate Original or Failed Course: O F
(circle one)

→ Course #3 _____ Part A and/or B _____

Grade Level _____ Credit _____ Indicate Original or Failed Course: O F
(circle one)

DISCLAIMER: Final grades will be accepted at the discretion of your high school for graduation credit according to district policy

REQUIRED SIGNATURES:

X _____ Date _____

Signature of School Counselor, Administrator, or School Official
(Required for using as high school graduation credit)

Printed Name Title District

X _____ Date _____

Signature of Parent/Guardian

Printed Name Relationship Date

