

Request to Co-Enroll for Credit Recovery

Student First Name: Click or tap here to enter text.	Student Last Name: Click or tap here to enter text.	High School Click or tap here to enter text.	
Student Number (E-School) Click or tap here to enter text.	Student Number (FOCUS) *FCTC Enters* Click or tap here to enter text.	Name Of School Counselor Click or tap here to enter text.	
Student and Parent Verification			
<input type="checkbox"/> I am a student who is at least 16 years old <input type="checkbox"/> I am a student who does not have a pattern of excessive absenteeism, habitual truancy, or a history of disruptive behavior <input type="checkbox"/> I understand that I may share a classroom with adult students <input checked="" type="checkbox"/> I agree to abide by the rules that govern FCTC's adult students as they are outlined in the student handbook			
Student's Signature	Date	Parent's Signature	Date
School Counselor's Verification			
<input type="checkbox"/> Co-enrolled students must be at risk of not graduating with their 9 th grade cohort. <input type="checkbox"/> Co-enrolled students entering an adult high school program can only complete two core courses <input type="checkbox"/> Co-enrolled students are limited to taking only core courses for credit recovery or dropout prevention. <input type="checkbox"/> Co-enrolled students cannot have a pattern of excessive absenteeism, habitual truancy, or a history of disruptive behavior			
After a careful review of the aforementioned student's records, I am requesting that the student be enrolled in the following courses:			
Course Name Click or tap here to enter text.		<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
Course Name Click or tap here to enter text.		<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
School Counselor's Signature		Date	
This Section is to be completed by FCTC's Adult Ed. Department			
Program/Course title: Click or tap here to enter text.		Course / section #: Click or tap here to enter text.	
Course start date: Enter Date	Start time: Time	End time: Time.	Hours: Click or tap here to enter text.
<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Online		Teacher name: Click or tap here to enter text.	
Program/Course title: Click or tap here to enter text.		Course / section #: Click or tap here to enter text.	
Course start date: Enter Date	Start time: Time	End time: Time	Hours: Click or tap here to enter text.
<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Online		Teacher name: Click or tap here to enter text.	
FCTC's Adult Education Department Contact Information			
Patrick J. Flahive, Coordinator for Adult Education First Coast Technical College, 2980 Collins Ave, St. Augustine, FL 32084 Phone: 904-547-3430 Email: patrick.flahive@stjohns.k12.fl.us			