

**Credit Verification Form**

**Student**:       **D.O.B.:**

**Course Information**

*To be completed by ESCCO classroom staff*.

|  |  |
| --- | --- |
| Current year class schedule and credits | Proposed senior year class schedule and credits |
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|  |  |
|  |  |

**Credits:**

Projected credits for current year       Summer School

Projected credits for Senior year       Other

Credits earned to date

**Final Total (Projected)**

|  |  |
| --- | --- |
|  |  |
| Classroom Staff Member / Date | Student / Date |

**Credit Information**

*To be completed by Home School Counselor*.

Credits Earned to Date:       Optional Remarks:

Courses needed for graduation:

This verifies that the class schedule listed meets our district’s requirements for graduation.

|  |  |
| --- | --- |
|  |  |
| Home School Guidance Counselor Signature | Date |

Copies to: Local Guidance Office Local Special Education Office Teacher’s Cum File