



## High School Credit Contract Form

For \_\_\_\_\_ School Year

Please email forms to [info@scahomeschool.net](mailto:info@scahomeschool.net)

<b>Student's Name:</b>	<b>Grade Level:</b>
------------------------	---------------------

<p><b>Course Options:</b> (check the course option that applies)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Home Educated</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Tutorial</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Correspondence Course</td> <td style="padding: 5px;"><input type="checkbox"/> Apprenticeship</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Video Course</td> <td style="padding: 5px;"><input type="checkbox"/> College</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Home Educated	<input type="checkbox"/> Tutorial	<input type="checkbox"/> Correspondence Course	<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Video Course	<input type="checkbox"/> College	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Home Educated	<input type="checkbox"/> Tutorial							
<input type="checkbox"/> Correspondence Course	<input type="checkbox"/> Apprenticeship							
<input type="checkbox"/> Video Course	<input type="checkbox"/> College							
<input type="checkbox"/> Other: _____								

<b>Course Title:</b>
----------------------

<b>Start Date:</b>	<b>Completion of this course</b> will earn __ credits	<input type="checkbox"/> Semester <input type="checkbox"/> Full Year Course
<b>End Date:</b>		

<b>Course Description &amp; Evaluation Techniques:</b>
--

<b>Course Curriculum:</b>
---------------------------

**Request for approval:** This contract must be signed by the student and parent. Your signature indicates that he/she has read and understood the agreement and is willing to abide by its terms.

Director: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_