



Approval Form For New Work for Credit or Credit Recovery

(Please complete and submit this form with any supporting documentation at least one week prior to the start date of the course)

Student Name:

High School Name:

Course(s):

Course Start Date:

1 Approved by: Principal, Guidance Counselor or Authorized School Representative:

Name:

Title:

Email:

Phone Number:

Signature:

Date:

2 Approved by: Subject Area Supervisor (e.g. Algebra requires Math Dept. Supervisor):

Name:

Title:

Email:

Phone Number:

Signature:

Date:

3 If the student is supported by an IEP or 504 Plan, this form also needs to be approved by the Child Team Case Manager or the 504 District Coordinator.

Is the student supported by an IEP or 504 Plan? Yes No

If "Yes", please attach a copy of the IEP, or letter of requested accommodations, and complete the approval below.

Approved by: Child Study Team Case Manager or 504 District Coordinator

Name:

Title:

Email:

Phone Number:

Signature:

Date:

4 Submit this form with any supporting documentation *at least one week prior* to the start date of the course to: kidsandteens@bergen.edu

If you need assistance contact us at: kidsandteens@bergen.edu or (201) 879-5809.