

ESSEX REGIONAL EDUCATIONAL SERVICES COMMISSION
SPECIAL PROGRAMS & GRANTS

ON-LINE CREDIT RECOVERY PROGRAM

333 Passaic Avenue
Fairfield, New Jersey 07004
OFFICE: 973-405-6262, X230 / FAX: 973-405-6668

Dr. Joram Rejouis, Assistant Superintendent
j.rejouis@eresc.com

Last Day for Registration: **Tuesday, July 2, 2019**

Start Date: Approximately 7 days after receipt of registration and payment

End Date: Credit recovery courses must be completed within 45 days of the start date, but no later than

Friday, August 23, 2019 before 11:59 PM

- Application must be signed by a school official. ****REQUIRED****
- Courses are self-paced, but must be completed by the end date set.
- Students are responsible for keeping up with all assignments and logging into the program daily.
- Transportation is not provided.

REFUND POLICY

- * NO REFUND ONCE THE STUDENT LOGS-INTO THE COURSE.
- * NO REFUND IF THE STUDENT FAILS TO TAKE THE FINAL EXAMS.
- * STUDENTS WHO FAIL TO COMPLETE THE BASIC REQUIREMENTS OF EACH COURSE INCLUDING ASSIGNMENTS AND FINAL EXAMS WILL LOSE CREDIT WITHOUT REFUND.

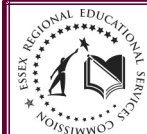
After reading and completing the enclosed information, students and parents/guardians are required to sign below. Your signatures represent that you have read, understand, and will abide by the rules of the program.

Student

Parent/Guardian

Print Name

Print Name



Essex Regional
Educational Services Commission

ON-LINE CREDIT RECOVERY PROGRAM

Credit Recovery Program offers credit recovery opportunities to maximize the number of high school credits necessary for graduation. Students who failed a class or were denied credit, have the opportunity to retake the course on-line—thereby avoiding failure and earning academic credit.

Registration Information

- ◆ Courses are remedial and offered to students who previously failed the courses or were denied credit.
- ◆ Students can only be enrolled with permission from their Principal or Guidance Counselors. The principal or guidance counselor must sign the application. Applications without school permission cannot be processed.
- ◆ The cost per course is \$245; \$300 per foreign language course.
- ◆ Valid email addresses both student and parent is required.

Registration is complete when:

1. All information in this booklet has been completed and signed by all necessary parties, including a school official.
2. The course is paid in full using cash, credit card or money order. Personal checks are not accepted.
3. Mail or bring completed form and payment to:

Essex Regional Educational Services Commission
ON-LINE CREDIT RECOVERY PROGRAM
333 Passaic Avenue
Fairfield, New Jersey 07004
Attn: Special Programs & Grants

Students are not considered registered until payment is received in full. Only after receipt of payment will usernames and passwords be issued. Usernames and passwords are required to access course.

NO REGISTRATIONS WILL BE ACCEPTED AFTER

Wednesday, July 3, 2019

Essex Regional Educational Services Commission
Dr. Laurie W. Newell, Superintendent

AVAILABLE COURSES & COST

Courses are intended for students who previously failed courses or were denied credit during the regular school year.

Courses Cost: \$245.00

Accounting	English IV (aka British Lit.)
Algebra I	Environmental Science
Algebra II	Geometry
Anatomy/Physiology	Music Appreciation
Art Appreciation	Physical Science
Biology	Physics
Calculus	Pre-Calculus
Chemistry	Psychology
Computer Literacy I	Sociology
Earth Science	Trigonometry
Economics	US History I
English I	US History II
English II	World History
English III (aka American Lit.)	

Courses Cost: \$300.00

Basic Spanish	German III
Spanish I	Italian I
Spanish II	Italian II
Spanish III	Italian III
Spanish IV	Latin I
French I	Latin II
French II	Japanese I
French III	Mandarin Chinese I
German I	Mandarin Chinese II
German II	

PAYMENT INFORMATION

PAYMENT METHOD (*NO PERSONAL CHECKS ACCEPTED*): ___ Cash ___ CREDIT CARD
 ___ Money Order (*payable to Essex Regional Education Services Comm*)

 Name as it appears on credit card

 Credit Card Number Exp. Date

 Signature of Card Holder

 Receipt Number

ON LINE CREDIT RECOVERY PROGRAM APPLICATION

STUDENT INFORMATION												
Last Name												
First Name												
Home Street Address:												
City:								Zip Code:				
Student ID Number (NJ SMART ONLY):						Grade:			Date of Birth:			
Student Email (required):												
SCHOOL INFORMATION												
School Name:												
School Address:												
Guidance Counselor Name:								Phone Number:				
PARENT INFORMATION												
Parent/Guardian's Full Name:												
Parent Email Address (required):												
Home Phone:				Cell Phone:				Work Phone:				
EMERGENCY CONTACT REQUIRED (if parent/guardian cannot be reached)												
Contact Name:												
Phone Number:								Relationship:				

MANDATORY SIGNATURES

 Parent/Guardian Principal or Guidance Counselor

 Print Name Print Name & Title