

ESSEX REGIONAL EDUCATIONAL SERVICES COMMISSION
SPECIAL PROGRAMS & GRANTS

ON-LINE CREDIT RECOVERY PROGRAM

333 Fairfield Road
Fairfield, New Jersey 07004
OFFICE: 973-405-6262, X1230 / FAX: 973-405-6668

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

Last Day for Registration: _____

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 _____.

- 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 AFTER A 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.

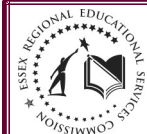
After reading and completing the enclosed information, students and parents/guardians are required to sign below. Their signatures represent that they read, understand, and will abide by the rules of the program.

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 languages course

Registration is complete when:

1. All information in this booklet is completed and signed by all necessary parties.
2. The course is paid in full by either 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 Fairfield Road
Fairfield, New Jersey 07004
Attn: Special Programs & Grants

Student are not considered registered until payment is received in full. Only after receipt of payment will usernames and passwords be issued.

NO REGISTRATIONS WILL BE ACCEPTED AFTER July 1, 2021

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

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

Courses Cost: \$300.00

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

STUDENT INFORMATION

Student Name Grade

Email Address Birthdate

Parent's Email Address

Selected Course(s)

PAYMENT INFORMATION

PAYMENT METHOD: Cash Money Order CREDIT CARD
NO PERSONAL CHECKS ACCEPTED

Full Name (as it appears on credit card)

Credit Card Number Exp. Date

Signature of Card Holder

Receipt Number

ON LINE CREDIT RECOVERY PROGRAM APPLICATION

Last Name																								
First Name																								
Home Street Address:																								
City:												Zip Code:												
Parent/Guardian's Full Name:																								
Home Phone:								Cell Phone:								Work Phone:								
Student ID Number (NJ SMART ONLY):																								
School Name:																								
School Address:																								
Guidance Counselor Name:												Phone Number:												
Emergency Contract <i>(if parent/guardian cannot be reached)</i>																								
Contact Name:																								
Phone Number:												Relationship:												

MANDATORY SIGNATURES

Parent/Guardian Principal or Guidance Counselor

Print Name: Print Name & Title