

Jack C. Hays High School

Credit Recovery Tracking Sheet

(for hours made up with teachers)

Student Name	Student ID	Grade
Course	Semester: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING	Year

Date	Time In	Time Out	Total Hours	Teacher Initials

By signing below, the teacher and student certifies that the information on this form is complete and accurate. If any information on this form is found to be inaccurate, the student may not receive credit for **any** hours indicated on this form and may face disciplinary action.

Teacher Signature	Date	Student Signature	Date
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Please return completed form to the attendance office.

FOR OFFICE USE ONLY

Date received: _____

Total hours verified: _____ Total hours awarded: _____

Assistant Principal Approval Attendance Clerk

Date