



## CREDIT RECOVERY | FIRST TIME CREDIT

4914 Kennedy Blvd. Suite 205, West New York, NJ 07093  
 Tel. (201) 305-5994 | Fax (201) 305-5995 | info@dused.com

### STUDENT REGISTRATION FORM

#### STUDENT'S INFORMATION

Name			Grade
School ID	DOB	Age	Gender
Address			Apt #
City	State		Zip
Tel (1)	Tel (2)	Tel (3)	
email			

#### PARENT'S / GUARDIAN INFORMATION

Name	Tel
email	

#### SCHOOL INFORMATION

School Name	Town/City
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#### COURSES INFORMATION

Counselor's Name	Referral Date
email	Tel

Courses for Credit Recovery (CR)   First Time Credit (FTC)   Honors   AP		
1	2	3
4	5	6

Counselor's Signature
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**Important Information:** Registration for Credit Recovery | First Time Credit will not be processed without the school counselor signature

**Payment Methods:** Checks, Cash, Money Order and all Credit Cards accepted. Flexible payment plans available