



CREDIT RECOVERY I 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) I First Time Credit (FTC)		
1	2	3
4	5	6

Counselor's Signature

Important Information: Registration for Credit Recovery I 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