

**Klamath County
School District**

Code: **IKAC-AR**
Revised/Reviewed: 7/31/97; 5/17/12
Orig. Code(s): IKAC-AR

Junior High/Middle School Classes for Credit

I, _____, wish to take _____
Student Name Course

for high school credit. I understand that this grade becomes part of my permanent record.

Parent/Guardian Signature

Date

Counselor Signature

Date

Teacher Signature

Date

Principal Signature

Date

This form **must** be completed **and** returned to the **counselor** prior to four weeks from the end of the semester.