

BASIX KNOWLEDGE ACADEMY

Credit Update Form *(Dual / Joint / Credit Recovery Enrollment)*

STUDENT INFORMATION

Full Name: _____ Date of Birth: _____
Address: _____
Student Cell#: _____ Parent Cell#: _____
Student Email: _____ Parent Email: _____

CURRENT ENROLLMENT

School Name: _____
Address: _____
Phone Number: _____

STUDENT REQUEST: I request to take a course(s) at BaSix Knowledge Academy and transfer the credit(s) to my current school of enrollment upon satisfactory completion of that course(s).

Reason for Request: _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

SUGGESTED COURSES & UNITS NEEDED:

(See basixknowledge.com for list of courses offered.) All core courses will count (.5) in units and electives are (1) full unit.

Initials _____	Course: _____	Unit: _____
_____	Course: _____	Unit: _____
_____	Course: _____	Unit: _____
_____	Course: _____	Unit: _____

Counselor's Name: _____

COUNSELOR'S SIGNATURE:

Date:

ENROLLMENT WITHOUT COUNSELOR SIGNATURE:

BaSix Knowledge Academy is not held liable if courses above are not verified with Counselor. Furthermore, as the parent/guardian you are agreeing to and giving BaSix Knowledge Academy permission to administer courses above.

OFFICIAL TRANSCRIPTS are requested without counselor/administrator's signature.

Parent's Signature _____ Date _____

BaSix Admin. Signature _____ Date _____

Comments: _____