Dear Parents/Guardians,

May 2019

Your child's current middle school uses the same curriculum and testing procedures as the Algebra I HON course taught in the Lenape Regional High School District (LRHSD). Therefore your child is eligible to have this course count toward credits earned for a high school diploma providing s/he
(1) received a final grade of A or B in middle school Algebra
(2) attends a LRHSD school during 9th grade.

At this time there are two choices available:

Choice 1: Deny credit for Algebra I HON
• There is no need to complete any forms.
• No record of Algebra I will be placed on your child's high school transcript.
• Your child is eligible to retake Algebra I and/or take Geometry.

Choice 2: Accept credit for high school Algebra I HON
• Complete the form on the next page and return it to Counseling Department at Lenape High School by July 31, 2019.
• Student transcript will reflect Algebra I HON, 5 credits.
• The grade will NOT be calculated in the grade point average or class rank at the LRHSD school.
• The credit will fulfill math requirement for graduation.
• Student will select Geometry and/or Algebra 2 as his/her grade 9 math course.
• Acceptance of these credits may affect coursework for 9th grade. Requests for schedule changes must be made to the Counseling Department by July 31, 2019.

If you have any questions, please contact the Counseling Department Supervisor at Shawnee High School: Barbara Fuoco, 600 Tabernacle Rd., Medford, NJ 08055, (609) 654-7544 ext. 4415

Sincerely,

Dr. Carol Birnbohm, Superintendent
Application for Credit for Courses Taken Prior to Grade 9
Only 1 form needs to be completed

To accept credit for Algebra I HON and/or Geometry HON complete the Option 2 form:
(1) Complete the demographic information.
(2) List the course(s) for which you are requesting credit.
(3) Attach the final 8th grade report card.
(4) Return the form and report card to the Counseling Department at Lenape High School by July 31, 2019.

PLEASE PRINT

Demographic Information

Student’s First Name: ________________________________
Student’s Last Name: ________________________________
Date of this Request: _____________________________ High School: ________________________________
Street Address: __________________________________________________________
City: ______________ State: ______________ Zip: ___________________________
Parent/Guardian Name: _________________________________________________
Home Phone Number: ___________________________ Cell Phone Number: __________________________

Credit for Courses Taken Prior to Grade 9
List all courses in which the student is requesting Credit

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Final Grade</th>
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Send this application directly to:

Shawnee High School
Option 2
ATTN: Barbara Fuoco
600 Tabernacle Rd.
Medford, NJ 08055

This box is for office use only. Please do not write in this box.
Counseling Center to confirm the following:

This agreement was: Approved _____
Rejected _____ Reason: ________________________________

Principal or Designee Signature: ___________________________ Date: ______________