Dear Parents/Guardians,

May 2019

Your child's current middle school uses the same curriculum and testing procedures as the Geometry 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 Geometry
2. attends a LRHSD school during 9th grade.

At this time there are two choices available:

**Choice 1: Deny credit for Geometry HON**
- There is no need to complete any forms.
- No record of Geometry will be placed on your child's high school transcript.
- Your child is eligible to retake Geometry and/or take Algebra 2.

**Choice 2: Accept credit for high school Geometry 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 Geometry 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 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
LENAPANE REGIONAL HIGH SCHOOL DISTRICT

Application for Credit for Courses Taken Prior to Grade 9

To accept credit for 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: __________