

Enrollment Form

920 Central Road, Bloomsburg, PA 17815
Phone 800-255-4937 • FAX 570-784-2129
www.keystonecreditrecovery.com
(Fax orders accepted only with credit card payment.)

SCHOOL OFFICIAL

Keystone requests that a school official complete top half of application. Signature and current date are needed to process application.

(Please print or type name of student) _____ has been referred to Keystone Credit Recovery for credit completion work in the following subject(s) and grade level(s) which he/she has failed during the regular school year.

School Name _____
School Address _____
City/State/Zip _____
Phone _____ Fax _____

School Official's Name _____
Title _____
School Official's email _____
Signature (required) _____ Date _____
Your signature verifies that the student has previously failed the selected courses.

Circle Grade Level and Part Requested								Unit(s) Requested	Courses	Unit(s) Requested	Circle Grade Level Requested							
ONLINE (\$116 Part A OR B; \$155 Parts A AND B)											CORRESPONDENCE (\$109 + \$7 Shipping each)							
9A	9B	10A	10B	11A	11B	12A	12B		English		5	6	7	8	9	10	11	12
9A	9B	10A	10B	11A	11B	12A	12B		Algebra 1						9	10	11	12
		10A	10B	11A	11B	12A	12B		Algebra 2							10	11	12
		10A	10B	11A	11B	12A	12B		Geometry							10	11	12
				11A	11B	12A	12B		Mathematics (General)		5	6	7	8	9	10	11	12
		10A	10B	11A	11B	12A	12B		Biology							10	11	12
									Chemistry								11	12
9A	9B	10A	10B	11A	11B	12A	12B		Earth Science				7	8	9	10	11	12
									Life Science				7	8	9	10	11	12
9A	9B	10A	10B						Physical Science					8	9			
									American Cultures				7	8				
									World Cultures				7	8		10	11	12
9A	9B	10A	10B	11A	11B	12A	12B		U.S./American History							10	11	12
9A	9B	10A	10B	11A	11B	12A	12B		World History									
									Geography (U.S.)				7	8	9			
9A	9B	10A	10B	11A	11B	12A	12B		Geography									
									Social Studies (Civics)						9	10	11	12
9A		10A		11A		12A			American Government						9	10	11	12
9A		10A		11A		12A			Health						9	10	11	12
9A		10A		11A		12A			Physical Education		5	6	7	8	9	10	11	12
9A	9B	10A	10B	11A	11B	12A	12B		Spanish 1									

(Total Units x \$109) + (Total Units x \$116) + (Total Units x \$155) =	
Shipping/Handling (\$7 per unit; applies to correspondence courses only) =	
TOTAL PAYMENT DUE =	

School Official's Special Instructions (if any)

STUDENT/PARENT

Keystone requires that all student information be completed, and signed by a Parent/Guardian. Enrollment Forms not signed by a School Official and a Parent/Guardian will be returned.

Send the completed form along with payment to **Keystone Credit Recovery, 920 Central Rd. Bloomsburg, PA 17815** • **Correspondence Units:** Cost is \$109 per unit including all materials and return postage. USPS shipping/handling is \$7.00 per unit. For faster shipping and foreign rates, please call 570-784-5220. Units, instructions and assigned due date will be processed within one business day of receipt of completed application and payment. If you have not received your materials in 10 business days, call Keystone. Students must retain the materials in their possession for at least 3 weeks. • **Online Units:** Cost is \$116-\$155. Access instructions and passwords will be emailed within one business day of receipt of completed application and payment. Students must retain the materials in their possession for at least 4 weeks. See Q&A for complete details. • **Fax orders accepted only with credit card payment. Please keep a copy of this application for your records.**

Student Name First/Last _____

Parent Name First/Last _____

Mailing Address _____

City/State/Zip _____

Phone _____

Email (required for students enrolling in online courses) _____

Student Signature _____ Date _____





Parent/Guardian Signature (required) _____ Date _____

Your signature verifies that the student has previously failed the selected courses.

Method of Payment: _____ Total Payment Enclosed \$

____ Certified Check or Money Order

____ Personal Check (\$20 service charge on all returned checks.)

____ Credit Card (circle one)    

Important for credit card orders: Copy number and expiration date directly from card. Cardholder signature required.

Expiration Date – Month: _____ Year: _____ CVV: _____

Card Holder Name (print) _____

Card Holder Signature (required) _____