

School Counseling Department 184 Hancock Road • Peterborough, NH 03458

Tel: 603-924-4120 Fax: 603-924-2325

## **Out of District Credit Approval Form**

Student Name		Student ID	Year of Graduation
Parent/guardian name		Phone number	
Course Requested	 Start Date	 End Date*	 Credit
Name of school			
Student will complete course** (circle one	): Independently	y CVHS Lab	
Please attach a copy of the syllabus and ot	her information regardin	g the course.	
* Students taking graduation requirements ** Students who have a class period in the that time. Students are expected to attend	e school day to work on tl	heir course will have the su	
Student Signature	 Date	Parent/Guardian Signat	ture Date
School Counselor Signature	 Date	 Registrar Signature	