



DULCE HIGH SCHOOL

"HOME OF THE HAWKS"

97 Hawks Drive P.O. Box 547
Dulce, NM 87528
PH: 575-759-2958 FAX: 575-759-3535
James Lesher, Principal
Pamela Montoya, Head Teacher



DREAMS Adult Education Contract

Credit Recovery

August 30, 2010 – May 12, 2011

PARTIES:

- Dulce High School
- 21st CCLC DREAMS Program (*Tutoring and Proctoring only; DREAMS does not give credits. Dulce High School is responsible for E2020 credit recovery*)
- Credit Recovery Program
- Parent/Student

INFORMATION

Dulce High School offers DREAMS Adult Education Program for credit recovery for those students who did not earn the required **core courses** for graduation credit during the regular school year. The credit recovery must be verified by the high school counselor at the student's last school of attendance.

If an enrollee is a previous student of Dulce High School, the Counselor of Dulce High School will determine and verify the credit recovery course(s) needed and the number of credit(s) the student needs to complete for each course.

DREAMS Adult Education days and hours for 2010-2011 are as follows:

Days: August 30, 2010 – May 12, 2011
Mondays through Thursdays

Hours: 5:30 PM – 7:30 PM

Credit Recovery is **limited to core courses** which are required for graduation – English, Mathematics, Science, and Social Studies.

CREDIT RECOVERY FEES

If enrollees begin a course but do not finish or drop out early before the semester ends, they may be assessed course fees - --- \$125.00 each for ½ credits or \$250.00 each for full credits. This is a non-refundable fee returned to the Jicarilla Apache Nation.

The DREAMS Credit Recovery Contract has been explained to me, and I accept all terms and conditions of this contract and the policies, procedures, and process of DISD DREAMS 21st CCLC Program.

Student Signature

Date

DHS Counselor Signature

Date

21st CCLC Director

Date

Credit Recovery Attachment



Dulce Independent School District
21st CCLD DREAMS SCHOOL CONTRACT

Credit Recovery

August 30, 2010 – May 12, 2011

Student: _____ Grade: _____

School of Attendance: _____

Credit Recovery Course(s)	Credit(s)	
_____	.5	1
_____	.5	1
_____	.5	1
_____	.5	1

As school counselor, I verify the above named student required the listed course(s) to meet core course graduation requirements.

Counselor Signature

Date: _____