



20325 Gator Lane, Land O' Lakes, FL 34638
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lolhs.pasco.k12.fl.us

Mr. Ric Mellin, Principal

Mr. Richard Batchelor, Assistant Principal
Mrs. Tracie Beerman, Assistant Principal
Mrs. Tisha Dooen, Assistant Principal
Mrs. Evette Striblen, Assistant Principal
Mrs. Heather Wall, Assistant Principal

2020-2021 LOLHS Co-Enrolled Adult Ed

Event: 2020-2021 After School Credit Recovery
Date: Every Tuesday and Thursday from September 22, 2020 – December 8, 2020
Time: Fully online on APEX at home

Land O' Lakes High School students with one or more semesters failed in English or Math are invited to this free after-school **at-home** credit recovery program. This opportunity differs from traditional recovery because students will work with a teacher certified in their needed area of recovery.

- ◇ Only one semester may be recovered during this after school recovery.
- ◇ Enrollment is limited to credit recovery in Math and English courses
- ◇ **There is an attendance requirement:** students must make every effort to attend all sessions. Seat time is factored into recovery—if students begin to miss, they will likely not meet the mandatory minimum clock time for enrollment.

This is a good opportunity for your student to recover a semester's credit and receive academic support in the subject.

Class begins September 22nd – complete and return the attached form to your school counselor right away for enrollment, for questions, or for further assistance.

Kristi Garcia
Class of 2021
kgarcia@pasco.k12.fl.us

Leeann Joustra
Class of 2023
ljoustra@pasco.k12.fl.us

Amy Pinsky
Class of 2022
apinsky@pasco.k12.fl.us

Cameron Moody
Class of 2024
cmoody@pasco.k12.fl.us

Jillian Baker
IB 9th – 12th Grade
jibaker@pasco.k12.fl.us



DISTRICT SCHOOL BOARD OF PASCO COUNTY
CO-ENROLLED ADULT EDUCATION CLASS REGISTRATION FORM

NAME: LAST FIRST M. SSN: PHONE: ()

ADDRESS: STREET CITY STATE ZIP

STUDENT NUMBER: GRADE: 10 BIRTH DATE: MM/DD/YYYY

REGISTRATION/WITHDRAWAL DATA

Base School East: CCMHS 0123_LOLHS 0801_PHS 0031_SLHS 0101_WCHS 0063_WRHS 0090_ZHS 0131
Base School West: AHS 0113_FHS 0114_GHS 0331_HHS 0521_JMHS 0073_MTC 0991_KTech 8931_RRHS 0471

Center Enrolled East: JIEC 7071_LOLHS 8801_PHS 8031_SLHS 8101_WCHS 8063_WRHS 8090_ZHS 8131
Center Enrolled West: AHS 8113_FHS 8114_GHS 8331_HHS 8521_JMHS 8073_MTC 8991_KTech 8931_RRHS 8471

Base School (Non-District School) _____
First Time Student Enrolled in Adult Education: Yes ___ No ___

TO BE COMPLETED BY SCHOOL COUNSELOR

COURSE TO BE REPEATED (Complete this box only if course was previously taken with a D or F grade)

COURSE TITLE	COURSE#	TEACHER	SEM	YEAR

ADULT EDUCATION COURSE TO BE TAKEN

COURSE TITLE	COURSE#	ADULTED TEACHER	DAY	TIME	ROOM	CR
			T,H	2-4:5pm		0.5

Grade forgiveness for all courses will be limited to replacing a semester grade of D or F with a semester grade of C or higher.

SCHOOL COUNSELOR: Amy Pinsky DATE: _____
SIGNATURE PRINT NAME

The District School Board of Pasco County provides services for persons with documented disabilities. If you would like additional information on how to access these services, please notify your school counselor prior to enrollment.

AFFIDAVIT: I hereby certify that the information on this registration is correct to the best of my knowledge. By signing, I am giving my permission for use of this data included here in managing the program for which I am registered. I agree to abide by the Adult Education Policies and Procedures on the back of this form.

STUDENT SIGNATURE: _____
STUDENT E-MAIL: _____
ADMINISTRATOR SIGNATURE: _____
PARENT SIGNATURE: _____
PARENT E-MAIL: _____
DATE: _____

COURSE TITLE	SEC #	STUDENT ENTRY DATE	DATA ENTRY DATE	CLERK