



NORTHPORT HOMELINK HIGH SCHOOL COURSE CREDIT REVIEW

Student Name _____

Course _____

Date _____ Grade _____

Check if complete:

_____ Pre-Approval Form _____ Grade Summary

_____ Student Binder with all course work

Northport Schools

District # 211

P.O. Box 1280
404 10th Street
Northport, WA 99157

Fax
509-732-6606

Website
northportschools.org

Patsy Guglielmino
Superintendent Principal

Julie Simmons
Administrative Assistant

Share Marks
Business Manager
509-732-4251

Stephanie Young
Secretary
509-732-4441

Homelink Program

Amy Kelley
Director
509-732-4441 ext 162

Revised 4/24/2009

I, _____, am the parent/guardian of
_____ (student's name). I certify that this
work is the actual work of my child, and am submitting the
coursework, evaluations, and grade summary for review by the
certificated Learning Plan Consultant in order to receive High School
credit for this course.

Signature

Date

I, the Learning Plan Consultant for _____, have
reviewed this material for High School credit, and to the best of my
knowledge, the grade summary accurately reflects the coursework
and evaluations submitted to me.

Signature

Date

For office use only:

Course Name: _____

Grade Assigned: _____ Credit Assigned: _____ Course Code: _____

Staff Signature: _____ Date: _____

Maximizing individual potential by working together to advance educational excellence.