



**Warren County
Educational Service Center**

WCESC Online Academy Application
Credit Recovery, Credit Flexibility, AP or Elective courses
Credit Recovery Available Year-Round to Junior High and High School Students

***The cost for a 1/2 credit license is \$330. That License is active for 90 consecutive calendar days. * Each additional 1/2 credit is \$165 during that same 90-day period. Please note – the course will expire at midnight the day before your end date.**

NO REFUNDS

Part A = 1st Semester (.5 credit)

Part B = 2nd Semester (.5 credit)

IMPORTANT NOTE: It is your responsibility to contact Warren County ESC when you are ready to have another semester or course activated. This is not an automatic process.

PRINT OR TYPE (please complete all blanks)

Date of Application_____

STUDENT INFORMATION:

Name_____ Date of Birth_____

Sex: M____ F____

Address_____ Street_____ City_____ State/Zip_____

Home Phone_____ Optional Phone_____

Student Email_____

Current Grade Level_____ School District_____

PARENT/GUARDIAN INFORMATION:

Name_____ Relationship_____

Phone(s)_____

Email_____

Credit Card payments only. Please complete and return the application with **all** required signatures and a link will be emailed to you with instructions to pay online via credit card. **NO REFUNDS**

***Please note if the school counselor cannot sign this form, an email from the counselor with the students name and course(s) to be approved can be emailed to shelley.martin@warrencountyesc.com.

RETURN APPLICATION TO: shelley.martin@warrencountyesc.com

Questions call 513-695-2900 ex 2934 Website: www.warrencountyesc.com use Quick Links

Student's Name _____ Today's Date _____

COURSE SELECTION(S)

IMPORTANT NOTE: It is your responsibility to contact Warren County ESC when you are ready to have another semester or course activated. This is not an automatic process.

PLEASE LIST COURSES IN PREFERENCE OF START DATE (one course/one semester started at a time to allow ample time to complete lessons)

→ Course #1 _____ Part A and/or B _____

Grade Level _____ Credit _____ Indicate Original or Failed Course: O F
(circle one)

→ Course #2 _____ Part A and/or B _____

Grade Level _____ Credit _____ Indicate Original or Failed Course: O F
(circle one)

→ Course #3 _____ Part A and/or B _____

Grade Level _____ Credit _____ Indicate Original or Failed Course: O F
(circle one)

DISCLAIMER: Final grades will be accepted at the discretion of your high school for graduation credit according to district policy

REQUIRED SIGNATURES:

X _____
Signature of School Counselor, Administrator, or School Official Title Printed Name
(Required for using as high school graduation credit)

Email address District Date

X _____
-- Signature of Parent/Guardian Date

Printed Name Relationship



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For WCESC office use only:

Course Start Date: _____
Payment Method/Date _____
Amount Paid _____
Teacher _____