



Online Class (21f) Enrollment Request Form

****PLEASE RETURN COMPLETED FORM TO YOUR COUNSELOR BY FRIDAY, JUNE 12, 2020****

TO BE COMPLETED BY STUDENT (fill out one enrollment form per course request)		
Student Name:	School:	
Date of Birth:	Year of Graduation:	
Address:		
City:	State:	Zip Code:
Student Email:		
If you are requesting multiple virtual courses you must submit a separate form for each course. COURSE TITLE: <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2		
I have previously taken an online course:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
This course must be National Collegiate Athletic Association (NCAA Approved) for Division 1 & 2 Athletic Eligibility	<input type="checkbox"/> YES	<input type="checkbox"/> NO

TO BE COMPLETED BY PARENT/GUARDIAN	
Parent/Guardian Name:	Phone:
Parent/Guardian Email:	
Parent/Guardian Signature:	Date:

TO BE COMPLETED BY COUNSELOR
If approved, this online course will be in lieu of (scheduled course) _____ <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2
I verify that this student has not previously earned credit for this course <input type="checkbox"/>
I verify that this course is aligned with remaining graduation requirements and course sequencing <input type="checkbox"/>
This student has an <input type="checkbox"/> IEP <input type="checkbox"/> 504
Signature: _____
Printed Name: _____

Course Approved:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Course Provider:	Mentor:	



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