

ONLINE COURSE STUDENT REGISTRATION FORM

FIRST NAME	LAST NAME	D/O/B	M/F
PO BOX/STREET #	STREET NAME	CITY	STATE
PHONE	EMAIL ADDRESS (REQUIRED)	HAS CONSISTENT HOME ACCESS TO COMPUTER WITH INTERNET ACCESS (NOT DIAL-UP) YES OR NO	

PARENT INFORMATION

PARENT/GUARDIAN NAME	HOME PHONE #	WORK PHONE #	EMAIL ADDRESS
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SCHOOL INFORMATION

SCHOOL NAME	GRADE LEVEL	ANT GRAD DATE	GUIDANCE COUNSELOR
TEACHER OF RECORD NAME	TEACHER EMAIL ADDRESS	TEACHER OF RECORD AFFIRMS THEY WILL REVIEW ONLINE COURSE CONTENT TO ASCERTAIN IT ALIGNS TO SCHOOL CURRICULUM REQUIREMENTS. <i>PLEASE SIGN:</i> _____	
TEACHER SUBJECT AREA			
STUDENT IEP? YES / NO (IF YES, SUBMIT REQUIREMENTS)	SPECIAL ED? YES / NO (IF YES, SUBMIT REQUIREMENTS)	ALT ED? YES / NO (IF YES, SUBMIT REQUIREMENTS)	504 STUDENT? YES / NO (IF YES, SUBMIT REQUIREMENTS)

REQUESTED COURSE ENROLLMENT

COURSE NAME	SUBJECT AREA	REASON FOR TAKING COURSE(S)	Free Period or Time Available to Meet

OFFICE USE ONLY

STUDENT ID	COURSE MATERIALS	COURSE MATERIALS	COURSE MATERIALS

REQUIRED SIGNATURES

DATE

STUDENT:	
PARENT/GUARDIAN:	
TEACHER OF RECORD:	
SCHOOL COUNSELOR:	
SCHOOL ADMINISTRATOR:	
ONLINE LEARNING COORDINATOR:	