



ON-LINE CLASS ENROLLMENT FORM

APPLICANT INFORMATION

Student Name:	Building:	
Date of Birth:	Grade Level for the 15/16 school year:	
Address:		
City:	State:	Zip:
Student Email:		

COURSE INFORMATION

20 ____/20____ School Year	Semester: <input type="checkbox"/> 1 st or <input type="checkbox"/> 2 nd
Subject:	Course Title:
Offered by:	This course will be in lieu of:

PARENT INFORMATION

Parent Name:	Phone:
Parent Email:	
Parent Signature:	Date:

FOR OFFICE USE ONLY

Date Received:	Course Approved: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Person Reviewing Request:	
If denied, reason:	
<input type="checkbox"/> Denial letter sent by administrator _____ Date: _____	
Course Title and Provider Name:	
Student Mentor:	Student Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Final Course Grade:	<input type="checkbox"/> Added to transcript