



Online Course Registration Form

This section to be completed by the School Counselor and High School Principal:

20____ - 20____ School Year

Student's Name _____ Date of Birth _____ M F

Student's **Mailing** Address _____ City _____ State _____ Zip Code _____

Name of School District _____ Student's Home Phone _____

Grade Level for Enrollment Year _____ Expected Year to Graduate _____

Course(s) Title _____

Reason for taking online course:
<input type="checkbox"/> Graduation requirement
<input type="checkbox"/> Lack of teacher
<input type="checkbox"/> Course not offered
<input type="checkbox"/> Schedule conflict
<input type="checkbox"/> Credit recovery
<input type="checkbox"/> Acceleration
<input type="checkbox"/> Other _____

Free/Reduced Lunch Yes No IEP Yes No 504 Plan Yes No

Name of Counselor (please print) _____ Name of Principal (please print) _____

Signature of Counselor (please sign) _____ Date _____ Signature of Principal (please sign) _____ Date _____

This section to be completed by the student and parent/guardian:

1. Do you have a working computer at home that is accessible to you? Yes No
2. If you have a home computer, indicate the type. PC Mac Other _____
*NOTE: Tablets, iPads and cell phones are not recommended as downloading software may be required.
3. Do you have the Internet at home? Yes No *Dial Up access is not recommended for online learners.
4. Do you have Internet access at school? Yes No

Ethnicity: White Black Hispanic American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander
 2 or more races Other _____

English First Language: Yes No

Name of Student (please print) _____ Name of Parent/Guardian (please print) _____

Signature of Student (please sign) _____ Date _____ Signature of Parent/Guardian (please sign) _____ Date _____

Student's Cell Phone _____ Telephone Number of Parent/Guardian _____

Preferred method of parent/guardian contact (check one):

- Telephone
- Email _____
Please provide email address if this is the preferred method