

## Online Class Enrollment Form

### Applicant Information

Student Name (Last, Middle, First)	Student ID:	Date of Birth:	Grade:
Address (Street):	City:	State:	Zip:
Student Email:			

### Course Information

For the (2014-2015, etc.) School Year	Check Semester: <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2
Subject:	Course Title
Offered By:	This course will be offered in lieu of:

### Parent Information

Parent Name	Email Address:	
Home Phone:	Work Phone:	Cell Phone:
Parent Signature	Date:	
Student Email:		

### For Office Use Only

Date Received:	Course Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course Title and Provider Name:	
Placement Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Mentor:
Student Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Course Grade: