

VIRTUAL COURSES
(Request to Enroll in Virtual Courses)

The student or parent/guardian should complete this form and submit it with class enrollment materials. Please use more than one form if necessary.

School: _____

Student Name (First, Middle, Last): _____

Birthdate (mm/dd/yyyy): _____

Grade Level: _____

Student Email: _____

Does student have an IEP? (circle one) Yes No

Does student have a 504 plan? (circle one) Yes No

Parent/Guardian Name (First, Last): _____

Parent/Guardian Phone Number: (_____) _____ - _____

Parent/Guardian Email: _____

Parent/Guardian Address: _____

Requested Date of Enrollment: _____

Name of Virtual Course	Virtual Course Provider

FILE: IGCD-AF1
Critical

Student Signature

Date

Student Name (Printed)

Parent Signature

Date

Parent Name (Printed)

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Note: The reader is encouraged to review policies and/or procedures for related information in support of this administrative area.

Implemented: October 2019