

# ALLENDALE PUBLIC SCHOOLS ONLINE LEARNING APPLICATION FORM

## Application Information

Student name:

Date:

Date of birth:        /        /

Grade (5-12)/school year when taking online course:

Grade:

School Year:

Address:

Student email:

Student signature:

## Course Information

Course #1 Title:

Subject:

Course Provider:

Trimester:    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>

Course #2 Title:

Subject:

Course Provider:

Trimester:    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>

## Reason for Interest in Online Course (check all that apply)

Accelerated learning

Credit recovery

Course not offered at AHS

Long term suspension/expelled

Working student

Social/emotional/family issues

Medical situation

Other ~ please specify \_\_\_\_\_

## Parent Information

Parent name:

Phone:

Parent email:

Parent signature:

## FOR OFFICE USE ONLY

Course #1 approved:    Yes    No

Student enrolled course #1:    Yes    No

Course #2 approved:    Yes    No

Student enrolled course #2:    Yes    No