

Clarenceville School District Online Class Enrollment Form

Applicant Information		
Student Name:		
Date of birth:	Student ID #:	Grade Level for 14/15 year:
Current address:		
Email address:		
Course Information		
For 2014-2015 Semester: ____1 st or ____2 nd Trimester: ____1 st or ____2 nd or ____3 rd		
Subject:	Course Title:	
Offered by:	This Course will be taken instead of:	
Parent Contact		
Parent Name:		
Parent Email:	Phone:	
Alt. Phone:	Best time to reach:	
Cost (Cannot exceed \$_____):		
I authorize the enrollment of my student in the above named course. I have read and agree to the conditions on the student contract.		
Signature of Parent:		Date:

For Office Use Only:		
Initial		
Course Title and Provider Name:		
Date Received:	Mentor Assignment:	Scheduled Period/Hour:
Counselor Signature if Applicable:		
Signature of Principal:		Date:
Signature of Curriculum Director:		Date:
Attached enrollment verification sent to: ____CF ____PP Routed from Curriculum Director		
Completion		
Course Completion Date:	Grade:	Date:
Course Failure/Withdrawal Date:	Reason:	Date:
Signature of Principal:		Date:
Signature of Curriculum Director:		Date:
Completion verification sent to: ____CA ____CF ____PP Routed from Principal		