

Spartanburg School District Three

Request for Enrollment/Registration in Online Coursework

9-12

This document must be completed and returned with all required signatures to the attention of the Assistant Superintendent for Instruction

Print or type all information except for signatures.

Student's Legal Name: _____

Address: _____

Mailing Address (if different): _____

City, State, and Zip: _____

Student's District and Home School: _____

Student School ID Number: _____

Date of Birth: _____ Gender: M F

Ethnicity: African-American American Indian Asian/Pacific Islander Hispanic
 White Other

Does student have an IEP? Yes No

Student Email Address: _____

(Email address is required for all communications with instructor: assignments, assessments, questions, and announcements.)

Student Daytime Phone Number: _____

The student must sign this form before they can be enrolled. The student must understand to check assignments and complete lessons weekly. The student must check his/her email daily for correspondence from and to their instructor(s). Students who have not completed coursework after 5 school days will be reported to their home school for development and implementation of a truancy intervention plan.

Student Signature: _____ Date: _____

Student Name (Print): _____

The parent or legal guardian of the above student must sign this form. The parent accepts full responsibility for off-site access and monitoring of the Internet used by the student. The signature of the parent or legal guardian gives permission for the student to be enrolled in eligible online course(s). The parent understands that submission of this form does not guarantee admission to the program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

The appropriate school counselor and Special Education Director (if applicable) must sign this form before a student can be enrolled. By signing, the counselor has verified all student information as accurate. Students can only be enrolled for course(s) the counselor has specifically identified.

IC/CR: Initial Credit or Credit Recovery

Course Title(s):	IC/CR	IC/CR

Counselor's Signature: _____ Date: _____

Counselor's Name (Print): _____ Date: _____

Counselor's Email Address: _____

Principal/Designee Signature: _____ Date: _____

Date: _____

Assistant Superintendent of Instruction Signature

IEP: Yes ___ No ___ Date: _____

Special Education Director Signature (if applicable)

Date: _____

Coordinator of Secondary Instruction (if applicable)

Date: _____

District Office Chief Financial Officer Signature

The following information must be read and checked by the student before enrollment into the eligible online course(s). Please carefully consider and check the box to accept the following statements:

___1. I understand that by submission of this form I am requesting to enroll in an online course with progress and attendance requirements that I must meet.

___2. I understand that online course enrollment requires participation in the required state testing program as appropriate.

___3. I understand that I am expected to follow the instruction and support of my assigned professional teacher(s) in the online program.

___4. I understand that I cannot skip around in a course.

___5. I understand that I will be taking notes and I am to keep a notebook for my course(s).

___6. I understand that during a test or exam I cannot move away from the assessment once I have started.

___7. I understand that tests and exams are a one-attempt assessment and cannot be taken multiple times (does not pertain to credit recovery).

___8. I understand that my home school requires me to take unit and final exams on campus and that the unit and final exams are password protected.

___9. I understand that I must be able to work independently and complete homework and other assignments in order to earn credit for a class.

___10. I understand that communication with my online teacher(s), parent(s)/guardian(s), and guidance counselor is extremely important to my success in my course(s).

___11. **Please accept this completed and signed document to enroll in eligible online course(s) for the academic year _____.** I understand that completion of the enrollment form does not guarantee admission into the program.

Student Signature: _____ Date: _____

Statement of Non-Discrimination

Spartanburg School District Three does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. The following person(s) has been designated to handle inquiries regarding the nondiscrimination policies: Director of Personnel and Pupil Services, 3535 Clifton Glendale Road, Glendale, SC 29346, (864) 279-6000 rgoode@spartanburg3.org