

Digital Learning Department
ONLINE COURSE REGISTRATION

STUDENT INFORMATION

Full Name:

Date of birth:

SID(optional):

Grade:

Current address:

City:

State:

ZIP Code:

Gender:

Day Phone:

Alt. phone:

Claimed under ALE?

504 Plan?

IEP?

PARENT/GUARDIAN INFORMATION

Full Name:

Current address:

City:

State:

ZIP Code:

Day Phone:

Evening phone:

Alt. phone:

COURSE #1

Subject:

Provider:

Course Code:

Course start and end dates:

Full course title:

Reason for registering:

Who will pay?:

COURSE #2

Subject:

Provider:

Course Code:

Course start and end dates:

Full course title:

Reason for registering:

Who will pay?:

COURSE #3

Subject:

Provider:

Course Code:

Course start and end dates:

Full course title:

Reason for registering:

Who will pay?: