

Student Information

_____ First Name	_____ Middle Name	_____ Last Name
_____ D.O.B.	_____ M / F Gender	_____ Grade
_____ /	_____ /	_____ Student State ID

Student Contact Information

_____ Email Address (optional)			
Phone #			
(_____) _____ Day	(_____) _____ Evening		
Address			
_____ Street	_____ City	_____ State	_____ Zip Code

Parent/Guardian Contact Information

_____ First Name	_____ Last Name		
_____ Email Address (optional)			
Phone #			
(_____) _____ Day	(_____) _____ Evening		
Address			
_____ Street	_____ City	_____ State	_____ Zip Code

Refer to the DLD course catalog to provide the following information:
http://digitallearning.k12.wa.us/online_courses/catalog.php

Refer to the DLD academic calendar for course start date information:
http://digitallearning.k12.wa.us/online_courses/calendar.php

Course #1

Subject	Full Course Title	Course Code
Provider	Course Start Date	
Reason For Registering		

Course #2

Subject	Full Course Title	Course Code
Provider	Course Start Date	
Reason For Registering		

Course #3

Subject	Full Course Title	Course Code
Provider	Course Start Date	
Reason For Registering		