

SCHOOL DISTRICT ONLINE COURSE STUDENT REGISTRATION FORM

*Areas **MUST** be filled in

Please type or print to ensure accuracy

STUDENT INFORMATION

FIRST NAME* LAST NAME* D/O/B* GENDER*

STUDENT EMAIL ADDRESS STUDENT IEP* SPECIAL EDUC* ALT-ED* 504 STUDENT*

REQUESTED COURSE ENROLLMENT

COURSE NAME* COURSE SUBJECT AREA* REASON FOR COURSE* MEETING TIME

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME CONTACT NUMBER PARENT/GUARDIAN EMAIL ADDRESS

DISTRICT INFORMATION

SCHOOL DISTRICT* CURRENT GRADE LEVEL* ANTICIPATED GRAD DATE* COUNSELOR*

TEACHER OF RECORD (TOR)* TOR EMAIL ADDRESS* TOR SUBJECT AREA*

TEACHER OF RECORD AFFIRMS THEY WILL REVIEW ONLINE COURSE CONTENT TO ASCERTAIN THAT IT ALIGNS TO NYS & THE DISTRICT SCHOOL CURRICULUM REQUIREMENTS.

TOR SIGNATURE* _____ ASSIGNED TEACHER* _____

REQUIRED SIGNATURES

STUDENT _____ DATE: _____

PARENT/GUARDIAN _____ DATE: _____

DISTRICT COUNSELOR* _____ DATE: _____

DISTRICT ADMINISTRATOR* _____ DATE: _____

ONC DL SPECIALIST _____ DATE: _____

OFFICE USE ONLY

STUDENT ORIENTATION COMPLETED: _____ TEACHER ORIENTATION COMPLETED: _____

STUDENT USER NAME: _____ TEACHER USER NAME: _____

STUDENT TEMPORARY PASSWORD: _____ TEACHER TEMPORARY PASSWORD: _____
