

VIRTUAL COURSES
(Request to Enroll in Virtual Courses)

The student or parent/guardian should complete this form and submit it with class enrollment materials. Please use more than one form if necessary.

Name of Student: _____

Requested Date of Enrollment: _____

| Name of Online Course | Online Course Provider |
|-----------------------|------------------------|
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| | |
| | |

Parent/Legal Guardian Signature _____

Student Signature _____

-----School Use Only-----

Date Received _____

College Counselor Signature _____