

<b>HAMILTON COMMUNITY SCHOOLS ONLINE LEARNING APPLICATION FORM</b>
--

<b>Application Information</b>
--------------------------------

Student name:	Date:
Date of birth:          /          /	Grade (5-12)/school year when taking online course: Grade:                                  School Year:
Address:	
Student email:	Student signature:

<b>Course Information</b>
---------------------------

Course #1 Title:	Subject:
Course Provider:	Trimester: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>
Course #2 Title:	Subject:
Course Provider:	Trimester: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>

<b>Reason for Interest in Online Course (check all that apply)</b>
--

<input type="checkbox"/> Accelerated learning	<input type="checkbox"/> Credit recovery	<input type="checkbox"/> Course not offered at HPS
<input type="checkbox"/> Long term suspension/expelled	<input type="checkbox"/> Working student	<input type="checkbox"/> Social/emotional/family issues
<input type="checkbox"/> Medical situation	<input type="checkbox"/> Other ~ please specify _____	

<b>Parent Information</b>
---------------------------

Parent name:	Phone:
Parent email:	Parent signature:



<b>FOR OFFICE USE ONLY</b>
----------------------------

Date received:	Meeting date:
Course #1 approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student enrolled course #1: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course #2 approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student enrolled course #2: <input type="checkbox"/> Yes <input type="checkbox"/> No