

REQUEST FOR PART-TIME OR DUAL ENROLLEMENT

Student Name: _____ Birth Date: _____

Student Address: _____ Grade Level: _____

Parent/Guardian Name: _____ Telephone: _____

Parent/Guardian Address (if different from above): _____

Student's Present School: _____ Address: _____

Course, Program or Activity Requested: _____ Semester: _____

Offered at the student's present school? Yes _____ No _____

Prerequisites required for this request: _____

Has proof of these prerequisites been provided? Yes _____ No _____

Does this student have Special Needs or require special accommodations? Yes _____ No _____

If yes, explain: _____

Has the student been previously expelled from any school? Yes _____ No _____

If yes, explain: _____

If yes, has the expulsion period been completed? Yes _____ No _____

Parent/Guardian Signature Date

(For School Use Only)

Student Admitted _____ Student Not Admitted _____

Reason, if not admitted: _____

Other notes: _____

Administrator's Signature Date