

GALESBURG-AUGUSTA COMMUNITY SCHOOLS ONLINE LEARNING APPLICATION FORM

Application Information

Student name: _____

Date: _____

Date of birth: / /

Grade (5-12)/school year when taking online course:	
Grade:	School Year:

Grade:	School Year:
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Grade:	School Year:
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Address: _____

Student email:

Student signature: _____

Course Information	
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Course #1 Title:

Subject:

Course Provider:

Semester: ☐ 1st ☐ 2nd

Course #2 Title:

Subject:

Course Provider:

Semester: ☐ 1st ☐ 2nd

Reason for Interest in Online Course (check all that apply)

- Accelerated learning

☐ Credit recovery

☐ Course not offered at HPS

☐ Long term suspension/expelled

☐ Working student☐ Social/emotional/family issues

☐ Medical situation

☐ Other ~ please specify_____

Parent Information	
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Parent name: _____

Phone: _____

Parent email:

Parent signature: _____

FOR OFFICE USE ONLY

Date received:

Meeting date:

Course #1 approved: ☐ Yes ☐ No

Student enrolled course #1: ☐ Yes ☐ No

Course #2 approved: ☐ Yes ☐ No

Student enrolled course #2: ☐ Yes ☐ No