

**GREENFIELD R-IV SCHOOL DISTRICT
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: _____

Reason for requesting virtual enrollment:

Requested Date of Enrollment: _____

Name of Online Course	Online Course Provider

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Note: The reader is encouraged to review policies and/or procedures for related information in support of this administrative area.

Implemented: November, 2018

Revised: NA

Greenfield R-IV
410 College Street
Greenfield, Mo. 65661