



# Franklin High School

## EXTENDED LEARNING OPPORTUNITIES - Request Form

<b>Student Name:</b>	<b>Grade:</b>	<b>Date:</b>
<b>Email Address:</b>	<b>Counselor:</b>	

**When would you like to start and complete this ELO?** *(please be specific about time of year, term and block, or time of day)*

**Reason for requesting an ELO** *(Check all that apply)*

- I want to work independently, outside of class time, on a task/project
- I want to advance my learning in a particular subject area
- I want to explore a career field

**Rationale for ELO Request** *(What is it that you want to do/learn and why? How will this experience benefit you in the future?)*

**Is there a Community Partner or FHS Teacher you would like to work with during this ELO.**  
*(Please list the contact information below)*