



**WOODHAVEN-BROWNSTOWN SCHOOL DISTRICT  
ONLINE LEARNING APPLICATION FORM**

Applicant Information	
Student name:	Date:
Date of birth:        /        /	Grade (5-12)/school year when taking online course: Grade:        School Year:
Address:	
Student email:	Student signature:
Course Information	
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>
Reason for Interest in Online Course (check all that apply)	
<input type="checkbox"/> Accelerated learning <input type="checkbox"/> Credit recovery <input type="checkbox"/> Course not offered at WBSD <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 _____	
Parent Information	
Parent name:	Phone:
Parent email:	Parent signature:

FOR OFFICE USE ONLY	
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