Oakdale Joint Unified School District

On-line High School Course Enrollment Application
Independent Study Option

I. APPLICANT

Last Name	First Name	Student Perm ID	Current Grade

Home Address	City	State	Zip Code
		CA	

Student's Cell Phone	Student's E-mail Address	Current School Attending

Do you have access to a home computer connected to the Internet? Yes _____ No _____

II. COURSE REQUEST *Completed by applicant with approval by high school counselor. ONE FORM PER COURSE.*

Reason for request: Credit Deficiency _____ Impacted Schedule _____ Grade Improvement _____

Unofficial transcript and student schedule MUST be attached. Limited to 5 enrollment credits per school semester.

Course requested: _____ On-line provider: E2020

Course replacing: _____ Semester: _____ Credit: 5.0

Entry date: _____ Completion date: *End of each semester.*

Final exams: *All finals must be taken in class as arranged by the district's on-line teacher.*

III. CONFIRMATION

OBJECTIVE

- The student will complete the courses listed above during the designated time period.
- Final exam MUST be proctored by district on-line teacher.
- Books or instructional materials required by the on-line provider are the responsibility of the district.
- This is an option provided through a district sponsored on-line provider.

COMPUTER ACCESS

☐ School Computer Lab
Three (3) hour commitment per week

☐ Access to personal computer and Internet
Counselor authorization

STUDENT RESPONSIBILITY

- Students MUST NOT impersonate another user, have a tutor or friend complete any portion of an assignment, activity or exam, or copy work submitted by another student.

AGREEMENT

WE HAVE READ THIS AGREEMENT AND HEREBY AGREE TO ALL THE CONDITIONS SET FORTH WITHIN. AS PARENT/GUARDIAN, MY SIGNATURE CONFERS MY PERMISSION FOR THE STUDENT'S ON-LINE COURSE OF STUDY AS SPECIFIED HEREIN.

SIGNATURES

Student		Date

Parent/Guardian	Parent Telephone	Date

Counselor	Date