



2024-2025 Part-time Secondary Student Application
(Secondary Enrollment – one or two courses see below)

Page 1 of 1
Revised 2.20.23

Students: Please fill out the top of the application and submit to the counselor at your home school. *Second semester Seniors need to be aware that the end of the eDCSD Online quarter may be after the brick and mortar school's last day for Seniors and they must plan to complete the course early.*

Note: Receipt of this application does not guarantee enrollment. See our website (www.edcsd.org) for quarterly enrollment dates and course availability. Please contact us 303-387-9600 if you have not received confirmation of enrollment **one week** prior to the beginning of the quarter.

Student Name: _____ Grade Level: _____

Brick & Mortar School: _____ Student ID: _____

Contact Information: **Please Print Clearly**, we will send important login information to your email address.

Student email Address (Required): _____

Parent email Address (Required): _____

Parent Phone Number: _____

Please list your desired classes by name and correct corresponding course number(s) here

Students are allowed no more than 2 courses per quarter/Semester:

Quarter 1/Quarter 2 (Semester 1)	Quarter 3/Quarter 4 (Semester 2)

Is the student currently on an Individualized Education Plan (IEP)? ___ Yes ___ No

Is the student currently on a 504? ___ Yes ___ No Other Plan? _____

If there are any concerns about this student (IE: safety plan, ELL, 504, IEP, etc.) please reach out to Janda Blik (A-L) or Aaron Kellar (M-Z) or Jenny Alsup (K-8) with specifics and include a copy of the plan.

Rank each attribute as it applies to you on a scale of 1 low to 5 high:

_____ Ability to work independently	_____ Self-disciplined	_____ Self-advocate
_____ Motivated	_____ Organized	_____ Excellent follow through
_____ Possess basic computer knowledge	_____ Self-directed	_____ Able to stay on task

I recognize that I need to dedicate adequate time (approximately 1 hour per course each day) and submit a minimum of one assignment per course each week to be counted present in attendance. **I also recognize that I cannot drop any class more than two weeks following enrollment without receiving a withdrawal fail (WF) on my transcript. Any request for withdrawal must be made by your brick & mortar school counselor.**

_____ Student Signature	_____ Parent Signature	_____ Date
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Dear Counselor: Please review the information above and submit this form to the eDCSD Online Registrar either by scanning and email to cocyberadmissions@dcsdk12.org, inter-district mail, or fax to our office at 303-387-9601. **** If a student is starting a class with eDCSD 2nd or 4th quarter, please include the transfer grade, and add the quarter credit to the student's transcript ****

I have reviewed the information above, discussed requirements (time commitment, attendance, prerequisites, and add/drop policy) and agree with the class choice:

_____ Counselor's Name (please print)	_____ Counselor's Signature	_____ Date
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