2019-2020 Part-time Secondary Student Application

(Secondary Enrollment – one or two courses)

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 semester may be after the brick and mortar school's last day for Seniors and they must make arrangements 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 at 303-387-9465 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 log-in information to your e-mail address.**

Student e-mail Address (Required): _____

Parent e-mail Address (Required): _____

Parent Phone Number: _____

Please list your desired classes and course number here (please review our Course Guide for courses offered):

Semester 1	Semester 2

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

Is student currently on a 504? ___Yes ___No

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 graded 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.** **Parent please initial here: _____**

_____ _____

Student Signature | Parent Signature | Date

Dear Counselor:

Please review the information above and submit this form to the CO Cyber School Registrar either by scanning and e-mail to cocyberadmissions@dcsdk12.org, inter-district mail, or fax to our office at 303-387-9544.

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

Office Use: Signature Check _____ Notify Learning Specialist_____ Secondary LOE added_____ Course Scheduled_____. Counselor Notified _____