



# Distance Learning Course Enrollment Student Information

Directions: Complete this form and submit it to the host district for each Distance Learning course at least two weeks prior to the start of class.

Host School: \_\_\_\_\_  
Course Title: \_\_\_\_\_

<b>STUDENT INFORMATION:</b> _____ Last Name      First Name      MI Hispanic Ethnicity - Hispanic, Latino, or Spanish: Yes      No Race: White      Black or African American      Asian Native American/Other Pacific Islander ____ American Indian or Alaska Native <b>Mailing Address:</b> Street or P.O. Box: _____ City: _____ State: _____ Zip: _____	Student ID: _____ City, State, Country of Birth: _____ Date of Birth: _____ US Citizen Gender: Male Female Home Phone Number: _____ Other Phone Number: _____ Email Address: _____ Student has an IEP 504 - If checked, forward copy to Instructor. <b>Home Address:</b> Street or P.O. Box: _____ City: _____ State: _____ Zip: _____
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<b>PARENT/GUARDIAN INFORMATION:</b> _____ Last Name      First Name      MI Relationship to student: _____ <b>Mailing Address:</b> Same as Student Street or P.O. Box: _____ City: _____ State: _____ Zip: _____ Home Number: _____ Mobile Number: _____	_____ Last Name      First Name      MI Relationship to student: _____ <b>Mailing Address:</b> Same as Student Street or P.O. Box: _____ City: _____ State: _____ Zip: _____ Home Number: _____ Mobile Number: _____
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<b>HOME SCHOOL INFORMATION:</b> School District: _____ School Building: _____ <b>SCHOOL COUNSELOR INFORMATION:</b> Name: _____ Email: _____ Phone: _____	Grade Level: ____ Year 9th Grade: ____ Expected Graduation: Month ____ Year: ____
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