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 availability. Please contact us 303-387-9461 if you have not received confirmation of enrollment one week after submission of this application.

Student Name: ___________________________ Grade Level: ___________________________

Brick & Mortar School: _____________________ Student ID: ___________________________

Contact Information: Please Print Clearly we will send important login 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:

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<th>Semester 1</th>
<th>Semester 2</th>
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Is student currently on an Individualized Education Plan? ___ 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 assignment per course each week to be counted present for 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 in writing.

_________________________  ______________________  ___________
Student Signature          Parent Signature                  Date

Dear Counselor:
Please review the information above and submit this form and a copy of the student’s schedule 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 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 Line of Enrollment Added _____ Course Scheduled _____ Counselor/Sec. Notified _____