2021-2022 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 Online semester 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 303-387-9465 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 login information to your email address.

Student email Address (Required): __________________________
Parent email Address (Required): __________________________
Parent Phone Number: __________________________

Please list your desired classes and course number here:

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<tr>
<th>Semester 1</th>
<th>Semester 2</th>
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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 Bliick (A-L) or Aaron Kellar (M-Z) 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

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 303-387-9544. **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