Request to Obtain Course Through LRSD Virtual School

Date: _____

School Name: _____

Student's Name: _____

ASN: _____ Current Grade: _____

I would like to take:

Course # _____ Course Name: _____

Term: _____

_____
Student's Signature   Date

_____
Parent's Signature   Date

_____
Principal's Approval   Date

Office Use Only:

Enrolled in PowerSchool:_____

Enrolled in Virtual School:_____

Name of Teacher:_____Teacher notified via email:_____