



Tulpehocken Online Courses Registration Form



Student Name:		Birth date:	
Student ID	Building:	Grade for 2018-2019:	
Parent Name:		Home Phone:	
Address:		Work Phone:	
		Cell Phone:	
Parent email:		Student email:	
School Year: 2018-2019	Date completed:	Completed by:	

Educational Designation: Check all that apply.

- TVA
 TVB
 Hybrid
 AP
 BCTC
 Credit Recovery
 Scheduling Conflict
 Trojans/AEP
 Other _____

Educational Assignment Considerations: Check all that apply.

- Regular Ed
 Special Ed
 GIEP
 ESL
 Title 1
 NCAA Sports
 Other _____

Marking Period(s):

- MP 1
 MP 2
 MP 3
 MP 4

Course Information:

Course Name	Course Equivalent	Start Date	End Date	Teacher	# of Credits

Total Credits: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Guidance Counselor: _____ Date: _____

Signature of Principal: _____ Date: _____

Approved Denied Reason for denial: _____

Office Use only:

Accommodations needed for IEP:

- Extended time for assignments Word bank needed
- Other _____
- Needs study guide provided Needs 1 less multiple choice answer

Reading level:

- Reads 1 grade level below Reads more than 1 grade level below
- Approximate reading level_____

For TVA coordinator use only:

Vendor recommended:

- Edgenuity Connections K12 VHS Google Classroom

Updated Schedule in eSchool

- Add online support period in library

Withdrawn:

Date:_____

Reason:_____