



# Tulpehocken Online Courses Registration Form



Student Name:		Birth date:	
Student ID	Building:	Grade for 2019-2020:	
Parent Name:		Home Phone:	
Address:		Work Phone:	
		Cell Phone:	
Parent email:		Student email:	
School Year: <b>2019-2020</b>	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	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
- VHS
- Google Classroom
- Other\_\_\_\_\_

**Updated Schedule in eSchool**

- Add online support period in library

**Withdrawn:**

Date:\_\_\_\_\_

Reason:\_\_\_\_\_