



High School Course Registration Form

2015-2016 School Year

Name: _____

Student ID # _____

Grade for the 2015-2016 School Year: 9th 10th 11th 12th

I am a student with a documented disability and have an IEP or 504 Plan.

Full-time eSchool students must take between 6 and 7 credits per year. Please list those courses you are requesting for the entire 2015-2016 school year. These courses will then be balanced by the semester/quarter scheduling you with 3 or 4 courses at one time. If you only need the first or second half of the course, please indicate that next to the course name to ensure that you are only registered for that half..

Subject	Name of the course	Number of Credit(s)

List any other additional courses you plan to take at any other school outside of eSchool. (Please note that you are responsible for registering with that school.)
