

VIRTUAL COURSES
(Request to Enroll in Virtual Courses)

The student or parent/guardian should complete this form and submit it with class enrollment materials. Please use more than one form if necessary.

Name of Student: _____

Requested Date of Enrollment: _____

Name of Online Course	Semester

Student _____

Signature

Parent/Guardian _____

Signature

Note: The reader is encouraged to review policies and/or procedures for related information in support of this administrative area.

Implemented: 11/20/2018

Revised:

Brentwood School District, Brentwood, Missouri