

APPENDIX C

**HOME SCHOOL STUDENT
CURRICULUM REQUEST**

**Return To:
Upper Adams School District
Attention: Mrs. Candy Bretzman
District Office
161 North Main Street
Biglerville, PA 17307
(Due March 15th)**

Date _____

Student's Name _____

Grade _____

Supervisor _____

Address _____

Phone Number _____ E-Mail _____

Courses in which student would like to enroll.

Are there any limits as to periods/times in which the student may take the course(s)?

Are there any special circumstances with regard to this request?