

**THOMPSON SCHOOL DISTRICT APPLICATION  
FOR OUT-OF-DISTRICT CREDIT**

NOTE: This form must be completed and approved by the building principal prior to the student enrolling in any out-of-district class. The student will be responsible for all costs related to out-of-district credit.

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Date Submitted \_\_\_\_\_

<u>Course Title</u>	<u>Sponsoring Institution</u>	<u>Clock Hours</u>	<u>Credit Proposed</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

\_\_\_\_\_  
Class Beginning Date

\_\_\_\_\_  
Class Ending Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Director's Signature