Allen Park Public Schools

Request For Online Course(s)

Please PRINT the following information and submit to the school principal.

Student Name: _____ School: _____ 2015/2016 Grade: _____

Parent Name: _____ Address: _____

City: _____ State: _____ Phone Number: _____

Request for Online Course to be taken (check box) from the Michigan's Online Course Catalog (https://micourses.org):

- ❑ Semester 1
- ❑ Semester 2

Course Request One

Name of Online Course Requesting: _____

Subject Area: _____

The Provider of this Online Course is: _____

The Online Course will replace what course for the student? _____

Course Request Two (if applicable)

Name of Online Course Requesting: _____

Subject Area: _____

The Provider of this Online Course is: _____

The Online Course will replace what course for the student? _____

_____ _____

Parent Signature Date

TO BE COMPLETED BY SCHOOL OFFICE:

Date of Request Received: _____ School Personnel Receiving Request: _____

Approved to proceed with process: _____ Denied with rationale: _____