



**LAKWOOD SCHOOL DISTRICT #306
ONLINE ACADEMY ENROLLMENT REQUEST FORM
Grades 6 - 12**

Date: _____
Form Received

Request is for 2024-2025 School Year	Current Grade Level:
Student Last Name	Student First Name
Parent Phone:	Parent Email:
Student currently attends:	
Cougar Creek <input type="checkbox"/> English Crossing <input type="checkbox"/> Lakewood Elementary <input type="checkbox"/> Lakewood Middle School <input type="checkbox"/> Lakewood High School <input type="checkbox"/> New Student <input type="checkbox"/>	
Reason for request:	

Check appropriate box(es): False or inaccurate information may cause for denial or revocation of transfer.

Are you enrolled under a Choice Transfer? YES NO *If yes, resident District: _____

Does your student have a current Individualized Education Plan (IEP)? YES NO

Does your student have a current 504 Plan? YES NO

Is your student receiving MLL services? YES NO

Print Parent Name:	Signature of Parent:	Date:

School Use	
Counselor Recommendation <input type="checkbox"/> YES <input type="checkbox"/> NO	
Additional Comments:	

IEP Meeting Date:	MLL Meeting Date:

Principal Recommendation <input type="checkbox"/> YES <input type="checkbox"/> NO	Principal Signature:	Date:

Director Approval <input type="checkbox"/> YES <input type="checkbox"/> NO	Director Signature:	Date:

Coach Assigned: