



### Course Share Request

Office of Instruction  
Mat-Su Borough School District  
501 N. Gulkana  
Palmer, AK 99645  
P:(907) 761-4357

**Instructions:** This form is to be used for requesting concurrent enrollment for the purpose of taking courses at a school other than a student’s primary enrolled school. Please ensure all fields are complete before submitting to the registrar at the school where the concurrent enrollment will be created. **Note:** In situations where a student is requesting to course share at a school that does not enroll his/her grade level, please scan and email this completed form to the MSBSD Counseling Coordinator to facilitate processing.

Student Full Name: \_\_\_\_\_  
(First) (M.I) (Last)

Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

To School (Number)	Section ID	Course Title	Instructor Name

Primary Enrolled School: \_\_\_\_\_

School Number: \_\_\_\_\_

Principal Signature \_\_\_\_\_ Name (Printed) \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Name (Printed) \_\_\_\_\_ Date: \_\_\_\_\_

Concurrent Enrollment School: \_\_\_\_\_

School Number: \_\_\_\_\_

Principal Signature \_\_\_\_\_ Name (Printed) \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Name (Printed) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_

As the parent or guardian of named student above, I choose to not utilize the provided transportation (if available) between schools during the school day. I understand that my student is responsible for arriving to his/her class on time using his/her own transportation.

Parent Opt-Out Signature \_\_\_\_\_ Date: \_\_\_\_\_