



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

Date: _____
Form Received

Request is for 2025-2026 School Year	Current Grade Level:
Student Last Name	Student First Name
Parent Phone:	Parent Email:
Student currently attends:	
Cougar <input type="checkbox"/> English <input type="checkbox"/> Lakewood <input type="checkbox"/> Lakewood <input type="checkbox"/> Lakewood <input type="checkbox"/> New <input type="checkbox"/> Creek Crossing Elementary Middle School High School Student	
Reason for request:	

Check appropriate box(es): False or inaccurate information may be 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

Your child will need the internet to access our online program.

Print Parent Name:	Signature of Parent:	Date:
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School Use
Counselor Recommendation <input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Comments:

IEP Meeting Date:	MLL Meeting Date:
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Principal Recommendation <input type="checkbox"/> YES <input type="checkbox"/> NO	Principal Signature:	Date:
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Director Approval <input type="checkbox"/> YES <input type="checkbox"/> NO	Director Signature:	Date:
Coach Assigned:		