Edgenuity Imagine Learning Enrollment Form

2610 Sam Noble Pkwy
Ardmore, OK 73401
580-224-8374

High School: _____

First Name: _____ Last Name: _____

E-mail _____ Day (Cell) Phone: (580)_____

Technical Program_____ AM PM **Grade**: 11th 12th
Circle One *Circle One*

Edgenuity. Course Needed: _____ Semester 1, Semester 2, or Both
Circle One

Counselor and Principal Section

This student is needing to enroll in this course at SouthernTech for the following reason:

_____

Counselor Signature: _____ Date:_____
Principal:
I agree to transcript the letter grade and course credit earned when the student course is finished
Principal Signature: _____ Date:_____

Special Educations Teacher

☐ Mark this box if the student may need accommodations or modifications.

- I agree that this is an appropriate placement for _____
  Name of Student
- I agree to help supervise student progress of course material

Special Education Teacher Signature: _____ Date:_____

Student and Parent/Guardian

Student:

1. I agree to maintain adequate progress on the course assigned.
2. I agree to complete all assignments in a timely manner and finish the course on or before completion date with a satisfactory grade.

Parent/Guardian:

1. I agree to provide student with internet access and time outside of SouthernTech in order to work on assigned courses.
2. I agree to check on progress of student.

Parent/Guardian Sign:_____ Student Sign: _____