

Registration for LLI/ Online Course(s)

Student Information			
First		Last	
Gender Female <input type="checkbox"/> Male <input type="checkbox"/>		Birth Date	
Grade			
Email			
Home Phone		Mobile Phone	
Street Address			
City	State PA	Zip	Country USA
Parent/Guardian Information			
Parent 1			
First Name		Last Name	
Email			
Home Phone		Mobile Phone	
Parent 2			
First Name		Last Name	
Email			
Home Phone		Mobile Phone	
Other Information – completed by office staff			
504 Plan Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, do you give permission to transmit 504 plan? Yes <input type="checkbox"/> No <input type="checkbox"/>			
IEP Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, do you give permission to transmit IEP? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Case Manager			

Registration for LLI/ Online Course(s)–HS Only Contact Counselor for Course Info

Course Requests			
Course	Credit	Semester	Block/Pd
<p><u>Once signed into your course you must IMMEDIATELY contact your school counselors within 24 HOURS TO REQUEST A CHANGE. After this deadline, you will be responsible for completing the online course.</u></p> <p><u>NO DROPS WILL BE GRANTED AFTER 24 HOURS OF BEING ENTERED INTO THE ONLINE COURSE</u></p>			
Required Signatures			
<p>My signature means that I am applying to participate in a virtual course. I agree to participate fully in all course activities and complete all work as required, and abide by all stipulations contained within the LLI handbook, if full-time.</p>			
Student's Signature		Date	
<p>I give permission for my child to participate in a virtual course. I agree to the conditions and responsibilities listed above</p>			
Parent/Guardian Signature		Date	
Office Use Only			
Counselor Signature		Date	