

REQUEST FOR APPROVAL TO TAKE ONLINE COURSES

PLEASE PRINT ALL INFORMATION This form must be completed and approved before beginning of course work.

Date:			
Student's Name:			
Address:			
Parent/Guardian Name:			
Phone Numbers:	(Home)	(Cell)	(Work)
THE FOLLOWING INFORMATION IS NEEDED FOR COURSE APPROVAL:			
1. Course Name:			
Check Credit to be Earned:	<input type="checkbox"/> ½ unit	<input type="checkbox"/> 1 unit	
2. If other than Edgenuity, attach course syllabus and grading scale for this online course.			
3. If other than Edgenuity, attach written documentation from the course provider that a final examination will be administered using an appropriately proctored process to ensure that course mastery has been accomplished.			
4. If other than Edgenuity, provide the name and address of the school providing the course and list its accrediting agency.			
AGREEMENT:			
My student _____ is choosing to take an online course. The student and his/her parent/guardian have read the agreement accompanying this approval form and hereby agree to abide by the conditions that are listed for taking an online course.			
TO BE COMPLETED BY STUDENT:			
I plan to begin this course on _____ (date) and complete it on _____ (date).			
Parent/Guardian Signature:			
Date:			
Student Signature:			
Date:			
Recommended by:	<i>(School Counselor)</i>		
Date:			
Reviewed by:	<i>(School Administrator)</i>		
Date:			
Reviewed by:	<i>(Director of Administrative Affairs)</i>		
Date:			

Peach County Schools

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Applicable Fees Apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, amount due:	Due Date:	
Applicable Fees:		
Georgia Virtual High School: ½ Unit 1 Unit		\$250 \$500
Georgia Virtual Middle School: Per Course		\$250
Edgenuity High School (outside of regular school day): ½ Unit 1 Unit		\$250 \$500
Edgenuity Middle School (outside of regular school day): Per Course		\$250