



Burke County Public Schools - Online Learning Application

Student's Name: _____ Birth Date: _____

Powerschool #: _____ Current Grade: _____ School: _____

Address: _____ City: _____

Home Phone Number: _____ Student Email Address: _____

Student's Cell phone: _____ Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name: _____

Parent #1 Cell Phone: _____ Parent #2 Cell Phone: _____

Parent #1 Email: _____ Parent #2 Email: _____

What course/s are you requesting, and who is the vendor?

These are the approved vendors: APEX, Burke Canvas, and NCVPS.

1st choice: _____ Vendor: _____

2nd choice: _____ Vendor: _____

3rd choice: _____ Vendor: _____

Why do you want to take this/these courses? _____

Yes No Do you have access to the Internet away from school?

Yes No Have you discussed online learning with your school counselor?

Student's Printed Name: _____

Student's Signed Name: _____ Date: _____

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signed Name: _____ Date: _____

Counselor's Signature: _____ Date: _____

-----**Office Use Only**-----

Yes No Guidance Counselor has discussed student's application with the appropriate school administrator.

Request: Approved Denied

Principal's/Designee Signature _____ Date: _____