STUDENT INFORMATI	ON							School Year
Last Name PARENT INFORMATIO	First Name <b>DN</b>	$\overline{MI}$	Suffix	Date of Birth	Prima	ry Phone	_	Student Email
Names(s)	Ma	iling Add	ress		City		Zip	Parent Email
district programs (4 2. All enrolled student 3. Courses receiving a 4. Parents must disclo enrolled in a substa 5. All textbooks and o a certified teacher (6 6. All non-expendable 7. All expenditures rel 8. Monthly contact wi 9. A quarterly review 10. A grade or other de 11. This plan may prov Your signature indicates: requirements; you agree to	lents in correspondent AAC 33.421). This is, including part-time, in "incomplete" may see enrollment for all entially similar course ther curriculum mate 4 AAC 33.421). In materials remain the lated to the student must the parent/student of the student's programmation of course ide for review and convolution of this all requirements; and	includes, e students not be contother educe (4 AAC) arials must be directly in the property sust be directly in the progress with the progress on siderations informately ou contother educations.	sms have but is not, are required tower cation ins 33.430). It be aligned of the screetly tied d (4 AAC) the parent as determined of anytion; you	the same right of limited to, <b>sp uired to partic</b> vards credit for stitutions, included with state standard to a specific condition of the state of the specific condition of the state of the specific condition of the specif	to accessecial edipate in enrolling processed must ourse we wired (4) ertified ons sublibility for provide	ss the district a lucation (4 AA a statewide state nent requirement ivate schools, to see the returned to with a need additional teacher responsibilities and so rensuring you led is true and states.	ppeal p AC 33.4 Ident a Ints (4 A In	rocess as parents and students in other 32).  ssessments (4 AAC 33.421).  AAC 33.426).  The the student is not concurrently cory requirements, and be reviewed by crict (4 AAC 33.422).  The the ILP (4 AAC 33.422).  The course (4 AAC 33.421).  The course (4 AAC 33.421).  The student (4 AAC 33.421).  The tis aware of their rights and the the best of your knowledge.
Parent Signature	Parent Sig	nature		Date	Conta			Contact Teacher Name (Print)
Out of District:		E: 1  Dlings Entaduation		5	].25 ]No ]No	SPECIAL  IEP Expirate ESER Expir Disability: Assessment	ion Dat ation E	te: Date:

SUBJECT:		☐½ Credit Fall	1/2 Credit Spring	Other:
<b>Curriculum Materials:</b>				
Please indicate titles(s), publisher;				
Add the material level (if specific).				Estimated Costs
Include texts, videos, tutoring, etc.				Estimated Cost:
Source of Credit:				T. I. CD. I
	Vendor:	Parent Designed Course	District Course	Teacher of Record:
Topics:				
This should include all major topics to be covered in the course.				
Method of Assessment:				
Quizzes/ Tests	Learning Journal	Oral Review/Presentations	Guided Practice	Portfolio Projects
Other:				r originalr rojects
Planned Activities:				
Describe the activities planned				
and any facilities, tutoring,				
special materials, etc. to be used.				
Grading Scale/Goals:				
Explain what the student will be able to do as a result of the				
course. Include special tasks.				
SUBJECT:		<b>□½</b> Credit Fall	1/2 Credit Spring	Other:
<b>Curriculum Materials:</b>				
Please indicate titles(s), publisher;				
Add the material level (if specific).				Estimated Costs
Include texts, videos, tutoring, etc.				Estimated Cost:
Source of Credit:				
700	Vendor:	Parent Designed Course	District Course	Teacher of Record:
Topics:	venaor:	Parent Designed Course	District Course	Teacher of Record:
This should include all major	_venaor:	Parent Designed Course	District Course	Teacher of Record:
This should include all major topics to be covered in the course.	venaor:	Parent Designed Course	District Course	Teacher of Record:
This should include all major topics to be covered in the course.  Method of Assessment:				
This should include all major topics to be covered in the course.  Method of Assessment:  Quizzes/ Tests				Teacher of Record:  Portfolio Projects
This should include all major topics to be covered in the course.  Method of Assessment:  Quizzes/ Tests  Other:				
This should include all major topics to be covered in the course.  Method of Assessment:  Quizzes/ Tests  Other:  Planned Activities:				
This should include all major topics to be covered in the course.  Method of Assessment:  Quizzes/ Tests  Other:  Planned Activities:  Describe the activities planned and any facilities, tutoring,				
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This should include all major topics to be covered in the course.  Method of Assessment:  Quizzes/ Tests  Other:  Planned Activities:  Describe the activities planned and any facilities, tutoring, special materials, etc. to be used.				

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QUARTERLY PROGRE	SS REPORTING		
Date Completed  1 <sup>st</sup> Quarter Date:	Completed By	Notes	Follow-Up Required?
2 <sup>nd</sup> Quarter Date:			
3 <sup>rd</sup> Quarter Date:			
4 <sup>th</sup> Quarter Date:			
MONTHLY CONTACT	LOG		
Date Completed	Completed By	Notes	Follow-Up Required?
SEP			
OCT			
NOX.			
NOV			
DEC			
DEC			
JAN			
JAN			
FEB			
MAR			
APR			

\_\_\_\_\_

INVENTORY OF NON-CONSUMABLE ITEMS						
Item	Related Course		Condition OUT	Condition IN	Date Returned	

DUAL ENROLLMENT			-	rogram this form mi	ust be comple	rted.
School Name:Phone Number:			_Address:		7.	
Phone Number:	Fax Number:		City:		Zıp:	
This section must be comple	ted by the other public edu	cation program	administrator			
Please indicate the FTE you Please list subjects the stud-			rt: .75 [			
i rease list subjects the state	cont is turning with your ser				<b>Credit Hours</b>	
1						_
2						_
3.						_
Signature	Printed	Name	Title	Date	<del></del>	Completed
_						_
This section must be comple	ted by the Parent and assig	ned Certified To	eacher			
Please indicate the FTE the	e Correspondence Progra	m is declaring f	or the ADM rep	ort: 7.75	.5 \[ \] .25	
Please list subjects the stud					<u>—</u>	
	G	•			Credit Hours	<b>Check for Previous Courses</b>
1						. $\square$
2						. $\square$
3						. $\square$
4						. ∐
5						. 📙
6						_
PRIVATE SCHOOL - A		a private, non- <sub>l</sub>	Address:	ucation institution, th		ust be completed
Phone Number:	Fax Number:		City:		Zip:	
Please list subjects the stud	ent is taking with this priv	ate, non-public	funded education	on institution:		
					Credit Hours	Check for Similar Courses
1						. 닏
2.						. 닏
3.						. 닏
4						. H
5						. 닏
6						_