

<b>STUDENT INFORMATION</b>						<b>School Year</b>	
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Suffix</i>	<i>Date of Birth</i>	<i>Primary Phone</i>	<i>Student Email</i>	
<b>PARENT INFORMATION</b>							
<i>Names(s)</i>		<i>Mailing Address</i>			<i>City</i>	<i>Zip</i>	<i>Parent Email</i>

**IMPORTANT – Parent/guardian and student notice of rights and responsibilities regarding program enrollment**

1. All parents and students in correspondence programs have the same right to access the district appeal process as parents and students in other district programs (4 AAC 33.421). This includes, but is not limited to, **special education** (4 AAC 33.432).
2. All enrolled students, including part-time students, are **required to participate in statewide student assessments** (4 AAC 33.421).
3. Courses receiving an “incomplete” may not be counted towards credit for enrollment requirements (4 AAC 33.426).
4. Parents must disclose enrollment for all other education institutions, including private schools, to ensure the student is not concurrently enrolled in a substantially similar course (4 AAC 33.430).
5. All textbooks and other curriculum materials must be aligned with state standards, comply with regulatory requirements, and be reviewed by a certified teacher (4 AAC 33.421).
6. All non-expendable materials remain the property of the school district and must be returned to the district (4 AAC 33.422).
7. All expenditures related to the student must be directly tied to a specific course with a need addressed in the ILP (4 AAC 33.422).
8. Monthly contact with the parent/student is required (4 AAC 33.421).
9. A quarterly review of the student’s progress with the parent/student is required (4 AAC 33.421).
10. A grade or other determination of course progress as determined by the certified teacher responsible for the course (4 AAC 33.421).
11. This plan may provide for review and consideration of any recommendations submitted by the parent or student (4 AAC 33.421).

**Your signature indicates:** you are aware of this information; you accept responsibility for ensuring your student is aware of their rights and requirements; you agree to all requirements; and you confirm that the information provided is true and accurate the best of your knowledge.

<i>Parent Signature</i>	<i>Parent Signature</i>	<i>Date</i>	<i>Contact Teacher Signature</i>	<i>Contact Teacher Name (Print)</i>
-------------------------	-------------------------	-------------	----------------------------------	-------------------------------------

<p><b>DISTRICT USE</b></p> <p>State of AK ID: _____ FTE: <input type="checkbox"/> 1 <input type="checkbox"/> .75 <input type="checkbox"/> .5 <input type="checkbox"/> .25</p> <p>Computer Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Out of District: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Dual Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Siblings Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Graduation Track: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>SPECIAL EDUCATION</b></p> <p>IEP Expiration Date: _____</p> <p>ESER Expiration Date: _____</p> <p>Disability: _____</p> <p>Assessment Accommodations:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
---	---



## QUARTERLY PROGRESS REPORTING

	Date Completed	Completed By	Notes	Follow-Up Required?
1 <sup>st</sup> Quarter Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2 <sup>nd</sup> Quarter Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3 <sup>rd</sup> Quarter Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4 <sup>th</sup> Quarter Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

## MONTHLY CONTACT LOG

	Date Completed	Completed By	Notes	Follow-Up Required?
SEP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
OCT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
NOV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
DEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
JAN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
FEB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
MAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
APR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>



**DUAL ENROLLMENT** - *If the student is enrolled in any other public education program this form must be completed.*

School Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

*This section must be completed by the other public education program administrator*

Please indicate the FTE your district is declaring for the ADM report:  .75  .5  .25

Please list subjects the student is taking with your school district:

	Credit Hours
1. _____	_____
2. _____	_____
3. _____	_____

Signature

Printed

Name

Title

Date

Completed

*This section must be completed by the Parent and assigned Certified Teacher*

Please indicate the FTE the Correspondence Program is declaring for the ADM report:  .75  .5  .25

Please list subjects the student is taking with this Correspondence Program:

	Credit Hours	Check for Previous Courses
1. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>

**PRIVATE SCHOOL** – *If the student is enrolled in a private, non-public funded education institution, this section must be completed*

School Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list subjects the student is taking with this private, non-public funded education institution:

	Credit Hours	Check for Similar Courses
1. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>