SANBORN REGIONAL SCHOOL DISTRICT

SRSD File: IHBH-R

EXTENDED LEARNING OPPORTUNITY – APPLICATION

Request for Approval of Extended Learning Opportunity Program of Study

Distance Learning course work (online or virtual high school) Request for credit to be utilized for early graduation [] Other:	Student:	Current Grade:	Application Date:
School: Location:	Course/Program to be taken and	course number:	
Course description: (Please attach) Reason for request (check all appropriate boxes): [] Review for credit/summer school (make-up course work for a previously failed course) Failed course: [] Advanced course level in a given sequence for upcoming school year [] Name of (DISTRICT SCHOOL) equivalent course: [] Earn additional high school credit (check all appropriate options) College course work for high school credit College course work for the alternate graduation option Independent study Distance Learning course work (online or virtual high school) Request for credit to be utilized for early graduation [] Other:	Semester/Year course is to be ta	ken:	
Reason for request (check all appropriate boxes): [] Review for credit/summer school (make-up course work for a previously failed course) Failed course: [] Advanced course level in a given sequence for upcoming school year [] Advanced course level in a given sequence for upcoming school year [] Name of (DISTRICT SCHOOL) equivalent course: [] Earn additional high school credit (check all appropriate options) College course work for high school credit College course work for the alternate graduation option Independent study Distance Learning course work (online or virtual high school) Request for credit to be utilized for early graduation [] Other:	School:	Location:	
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College course work for high school credit College course work for the alternate graduation option Independent study Distance Learning course work (online or virtual high school) Request for credit to be utilized for early graduation []] Other: Rationale for request: (Attach pages if necessary.) If course is approved, credits will be awarded upon proof of successful completion. Student Signature: Parent/Guardian Signature: Date: Principal Signature: [] Student File [] Guidance Counselor	[] Name of (DISTRICT SCHO	OOL) equivalent course:	
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Independent study Distance Learning course work (online or virtual high school) Request for credit to be utilized for early graduation] Other: Rationale for request: (Attach pages if necessary.)	College course work for	high school credit	
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Request for credit to be utilized for early graduation [] Other:	Independent study		
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Rationale for request: (Attach pages if necessary.)	Request for credit to be	utilized for early graduation	
If course is approved, credits will be awarded upon proof of successful completion. Student Signature: Date: Parent/Guardian Signature: Date: School Counselor Signature: Date: Principal Signature: Date: Copy to: [] Student/Parent [] Student File [] Guidance Counselor	[] Other:		
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School Counselor Signature: Date: Principal Signature: Date: Copy to: [] Student/Parent [] Student File [] Guidance Counselor	Student Signature:		Date:
Principal Signature:	Parent/Guardian Signature:		Date:
Copy to: [] Student/Parent [] Student File [] Guidance Counselor	School Counselor Signature:		Date:
	Principal Signature:		Date:
See Policy IHBH	Copy to: [] Student/Parent	[] Student File	[] Guidance Counselor
	See Policy IHBH		