

Livonia Public Schools
ENROLLMENT FORM
Section 21f Online Learning Course

APPLICANT/STUDENT INFORMATION		
Student Name:	Building:	
Date of Birth:	Grade Level (2013-14 school year):	
Address:		
City:	State:	Zip Code:
Student Email Address:		
Student Signature:		Date:
COURSE INFORMATION		
School Year: 20____-20____	Semester: <input type="checkbox"/> 1st OR <input type="checkbox"/> 2nd	
Subject:	Course Title:	
Course provided by:	Course in lieu of:	
PARENT INFORMATION		
Parent/Guardian Name:	Telephone No.:	
Parent/Guardian Email Address:		
Parent/Guardian Signature:		Date:

FOR DISTRICT USE ONLY		
Date Received:	Course Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Course Title:		
Course Provider Name:		
Placement Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Mentor:	
Student Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Course Grade:	
Designated District Signature:		Date: