

Online Course Request



Student Name: _____

Graduation Year: _____ Grade: _____

Counselor Name: _____

Student Email: _____

Requested Online Provider

☐ Fulton County Virtual School
<http://tinyurl.com/FCVS20132014>

☐ Georgia Virtual School
www.gavirtualschool.org

Course(s) Being Requested

| Course(s) | Sem 1 | Sem 2 | # of Credits <small>*Maximum 1.0 Credit per semester</small> |
|-----------|--------------------------|--------------------------|---|
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |

Course Start Date: _____

Course End Date: _____

****Final Deadline to request courses for summer semester is May 30****

| | Student Initial | Parent Initial |
|--|--------------------|-------------------|
| <i>I understand that I must get written approval from my school counselor before signing up for an online course.</i> | | |
| <i>I have reviewed the Virtual School Provider's website and am aware of the expectations and responsibilities of taking an online course.</i> | | |
| <i>I understand that online courses are not part of Centennial High School's curriculum. All concerns and issues should be addressed directly with the online course teacher.</i> | | |
| <i>I understand that End of Course Tests will be required for any courses that have a corresponding EOCT in Fulton County. It is my responsibility to ensure that I, the student, take the appropriate test(s) at the appropriate time(s).</i> | | |
| <i>I understand all attempted online courses and grades will be recorded onto the student's transcript and factored into the overall GPA.</i> | | |
| <i>I understand it is my responsibility to notify my counselor if I choose not to complete the online course.</i> | | |

Your signature at the bottom of this "Online Course Request" means that you have read and agree to abide by the conditions above set forth by the Centennial High School administration and counseling department.

Student Signature: _____

Date: ____/____/____

Parent Signature: _____

Date: ____/____/____

Counselor Approved: _____

Date: ____/____/____

COMPLETE & TURN IN TO COUNSELING OFFICE