



SUMMER 2018 Course Request Contract

Student Name: _____

Grad Year: _____

Counselor Name: _____

Current

Grade: _____

Student Email: _____

Parent Email: _____

Check all that apply to student requesting course: ☐ Free/Reduced Lunch ☐ 504 ☐ ESOL ☐ IEP ☐ TAG

Selected Online Provider	Name of Course	Section of the Course:	Semester:
<input type="checkbox"/> FACE TO FACE (F2F) https://fultonsummer.geniussis.com/		<input type="checkbox"/> A/Sem 1 Content	
<input type="checkbox"/> Fulton Virtual School (FVS) https://fulton.geniussis.com/		<input type="checkbox"/> B/Sem 2 Content	<input type="checkbox"/> Summer
<input type="checkbox"/> Georgia Virtual School (GAVS) www.gavirtualschool.org		<input type="checkbox"/> AB/Yearlong Content	

Counseling Office Use Only: ☐ **APPROVED** ☐ **DENIED** Counselor Initial: _____ Date: _____
*Go online to register for the course (see counselor notes)



THIS FORM MUST BE COMPLETED by the student and parent before any online course will be approved.

	Student Initial	Parent Initial
I understand that grades for ALL summer courses students are enrolled in after the program's drop date will be posted on the student's official Centennial transcript (both passing and failing). <ul style="list-style-type: none">All attempted courses and grades will be recorded onto the student's transcript and factored into the overall GPA.		
I understand that online classes are just as rigorous, if not more so, than face-to-face classes.		
I understand that online classes require students to spend at least 3 hours per day per semester course for each online class.		
I understand that online courses require me to be self-directed, self-disciplined, and to work independently in order for me to be successful in the class. <ul style="list-style-type: none">I understand that the student is responsible for following and keeping up with the online course syllabus, as provided by the online teacher		
I understand that online courses are taken externally and not part of Centennial High School. <ul style="list-style-type: none">All concerns and issues should be addressed directly with the teacher of the online course.Questions about progress grades, class assignments, and final exams should be directed to the teacher of the online course. Centennial does not have access to this information.Phone and email contact information for online teachers are available via the student's online class portal.		
I understand that online class teachers and providers use email to communicate with students and parents.		
I understand that End of Course tests will be required for any courses that have a corresponding EOC test in Fulton County. <ul style="list-style-type: none">It is my responsibility to ensure that I, the student, take the appropriate test(s) at the appropriate time(s).Standardized testing (if applicable) must be taken at the student's home school.		
I have reviewed the Virtual School provider's website and am aware of the expectations and responsibilities of taking an online course		

My signature below indicates I am releasing Fulton County Schools of any responsibility for the student choosing to participate in online classes. I have read and agree to the conditions set forth by Centennial HS and Fulton County Schools.

Student Signature: _____

Date: ____/____/____

Parent Signature: _____

Date: ____/____/____

COMPLETE & RETURN TO THE COUNSELING OFFICE. You will be notified by counseling if your request has been approved/denied.