

**SUMMER 2019 Course Request Contract**



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| **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 |

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| **Selected Online Provider**  | **Name of Course** | **Section of the Course:** | **Semester:** |
| [ ]  FACE TO FACE (F2F)[**https://fultonsummer.geniussis.com/**](https://fultonsummer.geniussis.com/)[ ]  Fulton Virtual School (FVS) [**https://fulton.geniussis.com/**](https://fulton.geniussis.com/)[ ]  Georgia Virtual School (GAVS) [**www.gavirtualschool.org**](http://www.gavirtualschool.org) |  | [ ]  A/Sem 1 Content[ ]  B/Sem 2 Content[ ]  AB/Yearlong Content | [ ]  Summer |
| *Counseling Office Use Only:*  | **[ ]  APPROVED** \*Go online to register for the course | **[ ]  DENIED**(see counselor notes) | Counselor Initial: \_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_ |

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| 🗹 | **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).** *All attempted courses and grades will be recorded onto the student’s transcript and factored into the overall GPA.*
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| *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.** *I understand that the student is responsible for following and keeping up with the online course syllabus, as provided by the online teacher*
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| *I understand that online courses are taken externally and not part of Centennial High School.* * *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.*
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| *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.** *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.*
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| *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 YOUR CONTRACT AND ATTACH A SCREEN PRINT OF YOUR COURSE REGISTRATION TO THE COUNSELING OFFICE.***

***You will be notified by counseling if your request has been approved/denied.***