

**Centennial Summer Course Request**



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| **Student Name:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Grad Year:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Counselor Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **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 and Provider** | **Section of the Course:** | **Semester:** |
| [ ]  Fulton Virtual School (FVS)[**https://fulton.geniussis.com/**](https://fulton.geniussis.com/)[ ]  Georgia Virtual School (GAVS) [**www.gavirtualschool.org**](http://www.gavirtualschool.org)[ ]  Face to Face [**www.fultonsummer.geniussis.com**](http://www.fultonsummer.geniussis.com) |  | [ ]  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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|  | **Student Initial** | **Parent Initial** |
| *I understand that grades earned after the provider’s drop date will be posted on the student’s official Centennial transcript (both passing and failing) and will be 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 on coursework for each semester long 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*
 |  |  |
| *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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***My signature below indicates I am releasing Fulton County Schools of any responsibility for the student choosing to participate in summer courses. I have read and agree to the conditions set forth by Centennial HS and Fulton County Schools.***

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_/\_\_\_/\_\_\_\_**

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_/\_\_\_/\_\_\_\_**

***COMPLETE & TURN IN TO THE COUNSELING OFFICE***

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